2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 08, 2007 8:00 am
Secretary of State

04-30-2007 90068 030 ****50.00

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02202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000023993

1. Entity Name
WULP, LLC

Principal Place of Business	Mailing Address
9553 HARDING AVENUE SUITE 308 SURFSIDE, FL 33154	9553 HARDING AVENUE SUITE 308 SURFSIDE, FL 33154

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1401 Brickell Ave	P.O. BOX 1373
Suite, Apt. #, etc. 320	Suite, Apt. #, etc.
City & State Miami, FL.	City & State Key Biscayne, FL.
Zip 33131 / Country US	Zip 33149 / Country US

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUMBERGER, HANS 9553 HARDING AVENUE SUITE 308 SURFSIDE, FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Hans Baumberger
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTIRRIBA, ROSA P.O. BOX 545867 SURFSIDE, FL 33154 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTIRRIBA, ROSA P.O. BOX 1373 KEY BISCAYNE, FL 33149 [X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Hans Baumberger 4/26/07 305 3653673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #