


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L06000072138 1. Entity Name WKRP, LLC	
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Principal Place of Business 203 WALKEDGE DRIVE FT. WALTON BEACH, FL 32548	Mailing Address 203 WALKEDGE DRIVE FT. WALTON BEACH, FL 32548
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01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5314816	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPLAN, HEIDI S 203 WALKEDGE DRIVE FT. WALTON BEACH, FL 32548	DO NOT WRITE IN THIS SPACE
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, HEIDI S 203 WALKEDGE DRIVE FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, MITCH S 203 WALKEDGE DRIVE FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, BOB 8 RACETRACK ROAD NE FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERGER, RICK 3 OLD DUXBURY CT. FAIRFIELD, OH 45014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, MARSHA 700 COLLEGE DRIVE #18 INCLINE VILLAGE, NV 89450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000794235
01/25/08-80039-025 138.75

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-18-08

Date

850-862-9111

Daytime Phone #