

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072138

FILED
Jan 06, 2009
Secretary of State

Entity Name: WKRP, LLC

Current Principal Place of Business:

203 WALKEDGE DRIVE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

203 WALKEDGE DRIVE
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-5314816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, HEIDI S
203 WALKEDGE DRIVE
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAPLAN, HEIDI S
Address: 203 WALKEDGE DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: KAPLAN, MITCH S
Address: 203 WALKEDGE DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: WEST, BOB
Address: 8 RACETRACK ROAD NE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: ROSENBERGER, RICK
Address: 3 OLD DUXBURY CT.
City-St-Zip: FAIRFIELD, OH 45014

Title: MGRM () Delete
Name: POOLE, MARSHA
Address: 700 COLLEGE DRIVE #18
City-St-Zip: INCLINE VILLAGE, NV 89450

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WEST, BOB
Address: 14 RACETRACK ROAD NE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: POOLE, MARSHA
Address: P.O. BOX 771358
City-St-Zip: EAGLE RIVER, AK 99577

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HEIDI S. KAPLAN

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date