

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000072138

Entity Name: WKRP, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**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  
Name: KAPLAN, HEIDI S  
Address: 203 WALKEDGE DRIVE  
City-St-Zip: FT. WALTON BEACH, FL 32548

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

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

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

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

I hereby 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

01/05/2010

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