2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000121910

1. Entity Name W/B NAPA, LLC



Principal Place of Business

2121 PONCE DE LEON BLVD.

SUITE 1250

SIGNATURE:

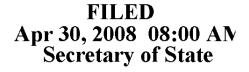
CORAL GABLES, FL 33134

Mailing Address

2121 PONCE DE LEON BLVD. **SUITE 1250**

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

CORAL GABLES, FL 33134





04172008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number		Applied For
20-8646561		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF & 150 WEST FLAGLER STREET SUITE 2200 MIAMI, FL 33130

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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.	MANACING MEMBERS/MANAGERS			UDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	
TITLE	MGRM			U00000936922 05/27/08-80029-012 138.75	
NAME	WEISER, WARREN				
STREET ADDRESS	2121 PONCE DE LEON BLVD STE 1250				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	MGRM				
NAME	BROOKS, CAROL				
STREET ADDRESS	2121 PONCE DE LEON BLVD #1250				
CHY-ST-ZIP	CORAL GABLES, FL 33134				
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NAME.					
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11. I hereby certify that the internation 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 frue 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 flustee empowered to execute this report as required by Chapter 608, Florida Statutes.					