2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060214

Address:

City-St-Zip:

Entity Name: WPC MANAGEMENT PARTNERS, LLC

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:				
221 CIRCLE DR MAITLAND, FL						
Current Mailing Address:		New Mailing Address:				
221 CIRCLE DR MAITLAND, FL						
FEI Number:	FEI Number Applied For()	FEI Number Not Appl	icable (X)	Certific	ate of Status Desired ()	
Name and Addi	Name and	Name and Address of New Registered Agent:				
NORMAN, TODI 37 NORTH ORA STE 200 ORLANDO, FL	NGE AVENUE					
The above name in the State of Flo	ed entity submits this statement for the porida.	urpose of changing i	ts registered	office or	registered agent, or both	
SIGNATURE:						
_	Electronic Signature of Registered Age	ent			Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	CEO (FORREST, TF 221 CIRCLE I MAITLAND, F	RACY DRIVE	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	CFO (NICKERSON, 221 CIRCLE I MAITLAND, F	ADAM D DRIVE	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	PRES (FORREST, JE 221 CIRCLE I MAITLAND, F	EFF D DRIVE	(X) Addition	
Title: Name:	() Delete	Title: Name:	VICE (REYNOLDS, 0		(X) Addition T	

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.

Address:

221 CIRCLE DRIVE

City-St-Zip: MAITLAND, FL 32751

SIGNATURE: ADAM D NICKERSON CFO 01/04/2008