2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L07000060214

Entity Name: WPC MANAGEMENT PARTNERS, LLC

Current Principal Place of Business:

221 CIRCLE DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

221 CIRCLE DRIVE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, TODD
37 NORTH ORANGE AVENUE
STE 200
ORLANDO, FL 32801 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:	CEO	( ) Delete
Name:	FORREST, TRACY	
Address:	221 CIRCLE DRIVE	
City-St-Zip:	MAITLAND, FL 32751	
Title:	CFO	( ) Delete
Name:	NICKERSON, ADAM D	
Address:	221 CIRCLE DRIVE	
City-St-Zip:	MAITLAND, FL 32751	
Title:	PRES	( ) Delete
Name:	FORREST, JEFF D	
Address:	221 CIRCLE DRIVE	
City-St-Zip:	MAITLAND, FL 32751	
Title:	VICE	( ) Delete
Name:	REYNOLDS, CHARLES T	
Address:	221 CIRCLE DRIVE	
City-St-Zip:	MAITLAND, FL 32751	

ADDITIONS/CHANGES:

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

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: ADAM D NICKERSON CFO 01/15/2009

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