2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# L08000041141

Entity Name: WB PINELLAS I, LLC

Current Principal Place of Business:

2506 S. MACDILL AVENUE, SUITE A
TAMPA, FL 33629

New Principal Place of Business:

2605 ESPANA CT
TAMPA, FL 33609

Current Mailing Address:

2506 S. MACDILL AVENUE, SUITE A
TAMPA, FL 33629

New Mailing Address:

2605 ESPANA CT
TAMPA, FL 33609

FEI Number: 26-4710856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COCKEY, PRESTON O JR.
110 E. MADISON STREET, 204
TAMPA, FL 33602 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: MGR ( ) Delete
Name: RAPPAPORT, JASON T
Address: 2506 S. MACDILL AVENUE, SUITE A
City-St-Zip: TAMPA, FL 33629

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RAPPAPORT, JASON T
Address: 2605 ESPANA CT
City-St-Zip: TAMPA, FL 33609

Title: MGR ( ) Change (X) Addition
Name: THEODORE, PHILIPPE
Address: 2605 ESPANA CT
City-St-Zip: TAMPA, FL 33609

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: JASON RAPPAPORT MGR 08/06/2009

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