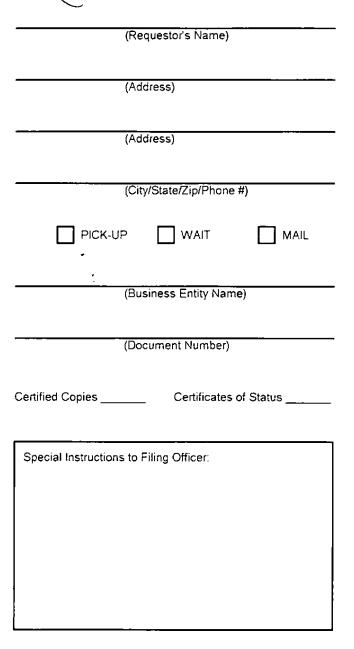
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SECLETARY OF STATE
TALL ARASSEF FI

FILED

COVER LETTER

Division of Corporations	
SUBJECT: WTWPB 2003, LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scott Haft	
Name of Person	
Haft Law Group, P.A.	
515 N. Flagler Dr Ste P-300	
West Palm Beach, FL 33401 City/State and Zip Code	
SRHAFT & haft lawgrap. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Scott Haft at (561) Name of Person Arc	267 0235 ca Code & Daytime Telephone Number
Registration Section Re Division of Corporations Di P.O. Box 6327 Th	reet Address: egistration Section ivision of Corporations ne Centre of Tallahassee 115 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

B \$25 Filing Fee

Tallahassee, FL 32303

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 2003 Name of the limited liability company: Principal office address of limited liability company: BE POST OFFICE BOX (Note: MUST BE STREET ADDRESS) Date of filing/registration in Florida 3. Grantham Law Registered Agent and Registered Office shown on the records of the Florida Dept. of State: New Registered Agent: Haft Law Grup, P.A. (b) of NEW Registered Agent and/or NEW Registered Office address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

in writing of this change,