

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90072 047 ****50.00

DOCUMENT # M04000001305

1. Entity Name
CFO WPB, LLC



Principal Place of Business
2001 HERMANN DRIVE
HOUSTON, TX 77004

Mailing Address
2001 HERMANN DRIVE
HOUSTON, TX 77004

20034753



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

~~APPLIED FOR~~ 20-0886684

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BACON, THOMAS G
STREET ADDRESS 2001 HERMANN DRIVE
CITY - ST - ZIP HOUSTON, TX 77004

TITLE MGR ☐ Delete
NAME DUBROWSKI, DANIEL R
STREET ADDRESS 2001 HERMANN DRIVE
CITY - ST - ZIP HOUSTON, TX 77004

TITLE MGR ☐ Delete
NAME LOWENSTELN, GLENN
STREET ADDRESS 2001 HERMANN DRIVE
CITY - ST - ZIP HOUSTON, TX 77004

TITLE MGR ☐ Delete
NAME TILLMAN, CARRIE L
STREET ADDRESS 103 FOULK ROAD SUITE 200
CITY - ST - ZIP WILMINGTON, DE 19803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

713-533-5860