

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000001305

1. Entity Name
CFO WPB, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 8:43

Principal Place of Business
2001 HERMANN DRIVE
HOUSTON, TX 77004

Mailing Address
2001 HERMANN DRIVE
HOUSTON, TX 77004

2. Principal Place of Business
5 Greenway Plaza
Suite, Apt. #, etc.
1300

3. Mailing Address
5 Greenway Plaza
Suite, Apt. #, etc.
1300

City & State
Houston, TX
Zip
77046

City & State
Houston, TX
Zip
77046

03132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0886684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BACON, THOMAS G	
STREET ADDRESS	2001 HERMANN DRIVE	
CITY - ST - ZIP	HOUSTON, TX 77004	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DUBROWSKI, DANIEL R	
STREET ADDRESS	2001 HERMANN DRIVE	
CITY - ST - ZIP	HOUSTON, TX 77004	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOWENSTELN, GLENN	
STREET ADDRESS	2001 HERMANN DRIVE	
CITY - ST - ZIP	HOUSTON, TX 77004	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	TILLMAN, CARRIE L	
STREET ADDRESS	103 FOULK ROAD SUITE 200	
CITY - ST - ZIP	WILMINGTON, DE 19803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>5 Greenway Plaza, Suite 1300</i>	
CITY - ST - ZIP	<i>Houston, TX 77046</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>5 Greenway Plaza, Suite 1300</i>	
CITY - ST - ZIP	<i>Houston, TX 77046</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>5 Greenway Plaza, Suite 1300</i>	
CITY - ST - ZIP	<i>Houston, TX 77046</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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05/25/06--01024--027 **550.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

3/13/2006

Date

713-533-5822

Daytime Phone #