

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000001305

1. Entity Name
CFO WPB, LLC



Principal Place of Business

**5 GREENWAY PLAZA
SUITE 1300
HOUSTON, TX 77046**

Mailing Address

**5 GREENWAY PLAZA
SUITE 1300
HOUSTON, TX 77046**



01202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BACON, THOMAS G
STREET ADDRESS	5 GREENWAY PLAZA, SUITE 1300
CITY - ST - ZIP	HOUSTON, TX 77046
TITLE	MGR
NAME	DUBROWSKI, DANIEL R
STREET ADDRESS	5 GREENWAY PLAZA, SUITE 1300
CITY - ST - ZIP	HOUSTON, TX 77046
TITLE	MGR
NAME	LOWENSTELN, GLENN
STREET ADDRESS	5 GREENWAY PLAZA, SUITE 1300
CITY - ST - ZIP	HOUSTON, TX 77046
TITLE	MGR
NAME	TILLMAN, CARRIE L
STREET ADDRESS	103 FOULK ROAD SUITE 200
CITY - ST - ZIP	WILMINGTON, DE 19803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: _____

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

Daniel R. Dubrowski, Manager

Date

Daytime Phone #

713-533-5860