

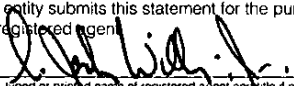
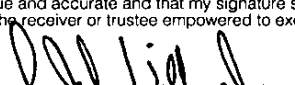


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90019 038 ****50.00

DOCUMENT # M05000000161 1. Entity Name WPB VENTURE, LLC					
Principal Place of Business 298 MOORING LINE DRIVE NAPLES, FL 34102			Mailing Address 298 MOORING LINE DRIVE NAPLES, FL 34102		
2. Principal Place of Business 3003 TAMiami TRAIL North Suite, Apt. #, etc. STE 210 City & State Naples FL Zip 34103		3. Mailing Address 3003 TAMiami TRAIL North Suite, Apt. #, etc. STE 210 City & State Naples FL Zip 34103			
02162006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-2135965	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, S. JACK JR 298 MOORING LINE DRIVE NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Williams, S. JACK JR. Street Address (P.O. Box Number is Not Acceptable) 282 MERMAIDS Bight City Naples FL Zip Code 34103		
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 <u></u> (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS CAPITOL INVESTMENTS, LLC 298 MOORING LINE DRIVE NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Williams Capitol Investors, LLC 282 MERMAIDS Bight Naples FL 34103
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u></u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____					