

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000001730

1. Entity Name
WP-NM HIALEAH, LLC



Principal Place of Business
2424 SE BRISTOL ST., #250
NEWPORT BEACH, CA 92660

Mailing Address
2424 SE BRISTOL ST., #250
NEWPORT BEACH, CA 92660

2. Principal Place of Business - No P.O. Box #
2771 W. 76th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL
33016

City & State

Zip
33016

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
THE NORTHWESTERN MUTUAL LIFE INSURANCE CO
PO BOX 3170
MILWAUKEE, WI 532013170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

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: *Paulene Coen* *Paulene Coen*

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

1/26/07

949-428-7070

Date

Daytime Phone #

**FILED
Mar 20, 2007 8:00 am
Secretary of State**

03-20-2007 90141 033 ****50.00

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