2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 13, 2005 8:00 am Secretary of State

DOCUMENT # M9800000674 1. Entity Name WIPC, LLC							90321 032 ****50		
Principal Place of Business 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207 Mailing Address 1950 STEMMONS FREE DALLAS, TX 75207			WAY, SUI	ITE 6001					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-LLC	CR2E083 (10/03)			
City & State		City & State		4. FEI Numb 75-273) 	plied For at Applicable		
Zip	Country	Zíp	Countr	ry		of Status Desired	S5.00 Add	litional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent		
			$\neg \tau$	Name	-				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL. 32301-2525				Street Address (P.O. Box Number is Not Acceptable)					
IALLANA	55EE, FL 52301-2525		Ī						
			-	City	·		FL Zip Cod	e	
8. The above the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	d office or regi	istered agent, or bo	th, in the State of FI	lorida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature rec	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005				_					
Fi Di	iling Fee is \$50.00 ue by May 1, 2005						ke check payable to la Department of Stat	8	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.	-		Florid	la Department of Stat	8	
Di	ue by May 1, 2005	RS/MANAGERS	10.	·	-	Florid		e ☐ Addition	
9.	ue by May 1, 2005 MANAGING MEMBE					Florid	a Department of State	•	
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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: Mulael High Wichael High SIGNATURE AND TYPED OR PRINTED NAME SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE