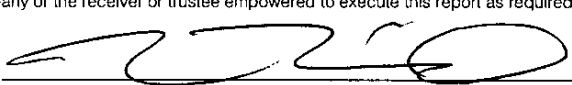


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90081 014 ****50.00

DOCUMENT # L04000003101 1. Entity Name W.A.K.E. INVESTMENTS, L.L.C.					
Principal Place of Business 203 N.E. 8TH AVENUE OCALA, FL 34470			Mailing Address 203 N.E. 8TH AVENUE OCALA, FL 34470		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0349436				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKLAND, DOUGLAS L 203 N.E. 8TH AVENUE OCALA, FL 34470			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KIRKLAND, DOUGLAS L		NAME		
STREET ADDRESS	203 N.E. 8TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WEITLAUF, STEVE		NAME		
STREET ADDRESS	203 N.E. 8TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1/25/05 Daytime Phone #: 352-369-6100		