


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057356
1. Entity Name
WSH INVESTMENTS, LLC



Principal Place of Business Mailing Address
700 HIATUS ROAD, STE. 213 700 HIATUS ROAD, STE. 213
PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026

DO NOT WRITE IN THIS SPACE



03032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1442799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, IRWIN C
700 HIATUS ROAD, STE. 213
PEMBROKE PINES, FL 33026

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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSCH, MICHAEL 601 NORTH FLAMINGO ROAD #103 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSCH, KIMBERLY 601 NORTH FLAMINGO ROAD #103 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINSTEIN, MITCHELL 6100 HOLLYWOOD BOULEVARD #105 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINSTEIN, TERRI 6100 HOLLYWOOD BOULEVARD #105 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, MELISSA 700 NORTH HIATUS ROAD SUITE 213 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000520436
05/02/06-80092-025 50.00

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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: *Michael Hirsch* 4/15/06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #