


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90006 009 \*\*\*\*55.00

<b>DOCUMENT # L05000099148</b> 1. Entity Name <b>WLS PROPERTY INVESTMENTS, LLC</b>			
Principal Place of Business		Mailing Address	
5887 LAKESIDE WOODS CIRCLE SARASOTA FL 34243 US		5887 LAKESIDE WOODS CIRCLE SARASOTA FL 34243 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		5819 Bayou Grande Blvd NE Suite, Apt. #, etc.	
City & State		City & State	
St. Petersburg, FL		St. Petersburg, FL	
Zip		Zip	
Country		Country	
33703		USA	
4. FEI Number		Applied For	
20-3624534		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
<input checked="" type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GINGERBREAD HOMES, INC. 5819 BAYOU GRANDE BLVD. NE ST. PETERSBURG FL 33703		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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM GINGERBREAD HOMES, INC. 5819 BAYOU GRANDE BLVD. NE ST. PETERSBURG FL 33703	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	MGRM MOLLY VALENTINE, INC. 5887 LAKESIDE WOODS CIRCLE SARASOTA FL 34243	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	MGRM KELVIN HOLDINGS, INC. 1075 NE OCEANVIEW CIRCLE JENSEN BEACH FL 34957	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Shari C. Salenard, mgr mbr</u>		Date: <u>July 12, 2007</u> 727.647.8299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	