2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAY -1 AM 8:42

DOCUMENT # A01000000298

1. Entity Name
WJG-GG INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
860 S.R. 434 NORTH, SUITE 7 ALTAMONTE SPRINGS FL 32714	860 S.R. 434 NORTH, SUITE 7 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
890 State Road 434 N.	890 State Road 434 N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3699906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, LAUREN B
860 S.R. 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 890 State Road 434 North

City Altamonte Springs **FL** Zip Code 32714

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000003172	STREET ADDRESS	
NAME	WGML, LLC		
STREET ADDRESS	860 S.R. 434 NORTH, SUITE 7	CITY-ST-ZIP	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		
DOCUMENT #		STREET ADDRESS	000128484040 05/05/08--01020--003 **500.00
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: LAUREN GOODMAN MANAGER OF WGML, LLC, general partner — 4/15/08 — 407-788-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #