


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000003375 1. Entity Name WIESBAR INVESTMENTS, L.L.C.	
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Principal Place of Business 936 CRENSHAW LAKE RD. LUTZ, FL 33549	Mailing Address 936 CRENSHAW LAKE RD. LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE



07062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3731709	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WIECZORKOWSKI, ANDREW THE WILDER CENTER 3000 GULF-TO-BAY BLVD., STE. 200 CLEARWATER, FL 33759

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, word or printed name of registered agent and the filer, and (if filer is not registered agent) signature of such filer.

DATE _____
Date of registration of agent and filer.

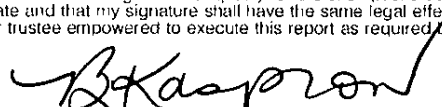
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASPROW, WIESLAW H 936 CRENSHAW LAKE RD. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASPROW, TADEUSZ 936 CRENSHAW LAKE RD. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASPROW, ELZBIETA 936 CRENSHAW LAKE RD. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASPROW, BARBARA 936 CRENSHAW LAKE RD. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000569301
07/11/06-80020-008 50.00

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:  **7/5/06 727 8192821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE