


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90153 001 ****50.00
08-08-2005 90153 002 ****50.00

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|---|---|
| DOCUMENT # L02000028385 |  |
| 1. Entity Name W.G. INVESTMENTS, L.L.C. | |

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|---|---|
| Principal Place of Business 5146 SILLARY CIRCLE ANCHORAGE, AK 99508 | Mailing Address 5146 SILLARY CIRCLE ANCHORAGE, AK 99508 |
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|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P O BOX 1460 Suite, Apt. #, etc. |
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|-----------------------------------|-----------------------------------|
| City & State NOKOMIS FL | City & State NOKOMIS FL |
| Zip 34224-1460 | Country USA |



07232005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> 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 CAHPNICK, BRUCE P ESQ. % ICARD, MERRILL, CULLIS, TIMM ET AL. P.A. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34233 | |
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| 7. Name and Address of New Registered Agent Name JOHN P LAUDENSLAGER Street Address (P.O. Box Number is Not Acceptable) 1029 DELACROIX CIRCLE City NOKOMIS FL Zip Code 34225 | |
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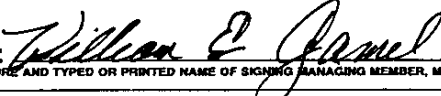
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|---|---------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 7-24-05 |

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| Filing Fee is \$50.00 Due by September 7, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GAMEL, WILLIAM 5146 SILLARY CIRCLE ANCHORAGE, AK, 99508 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE:  | Date July 24, 2005 | Daytime Phone # 907-301-9859 |
|--|---------------------------|-------------------------------------|

Daytime Phone # _____