2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 08, 2005 8:00 am Secretary of State **DOCUMENT # L02000028385** 08-08-2005 90153 001 ****50.00 W.G. INVESTMENTS, L.L.C. 08-08-2005 90153 002 ****50.00 Principal Place of Business Mailing Address 5146 SILLARY CIRCLE 5146 SILLARY CIRCLE ANCHORAGE, AK 99508 ANCHORAGE, AK 99508 2. Principal Place of Business 3. Mailing Address 0 BEX 1460 Suite, Apt. #, etc. Suite, Apt. #, etc. 07232005 Chg-LLC CR2E083 (10/03) Applied For 4 FEI Number City & State City,& State CL NOT APPLICABLE NoKorus Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired SARASOTA 34274-1460 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAUDENSLASER CAHPNICK, BRUCE P ESQ. Street Address (P.O. Box Number is Not Acceptable) % ICARD, MERRILL, CULLIS, TIMM ET AL. P.A. 2033 MAIN STREET, SUITE 600 SARASOTA, FL* 34237 029 DELACROIX 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 . Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Change ■ Addition TITLE ☐ Delete GAMEL, WILLIAM NAME NAME 5146 SILARY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANCHORAGE, AK 99508 CITY-ST-ZIP ☐ Change ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP Delete TITLE Change ☐ Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71F ME ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 907-301-9859

G MEMBER, MANAGER, OR AUTHORIZED REPRESEA

FILED

Daytime Phone #

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENT # L02000028	3385			(etta	M Me.	KU -
Principal Place of Business 5146 SILLARY CIRCLE ANCHORAGE, AK 99508		Mailing Address 5146 SILLARY CIRCLE ANCHORAGE, AK 99508			3	0010	466	
2. Principal Place of Business		3. Mailing Address 10 BOX 1460				, , , , , , , , , , , , , , , , , , ,		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		07232005	Chg-LLC	CR2E083 (10/03))
City & State		City & State	City & State NOKOTICS FL		4. FEI Numb	PPLICABLE	} }-	pplied For lot Applicable
Zip	Country	Nokorics FL Zip Country 34274-1460 SARASOTA		OTA	5. Certificati	e of Status Desired	S5.00 Ac	
	6. Name and Address of Current	Registered Agent		me 1		d Address of New R	egistered Agent	
CAHPNICK, BRUCE P ESQ.				Street Address (P.O. Box Number is Not Acceptable)				
2033 MAIN	, MERRILL, CULLIS, TIMM ET N STREET, SUITE 600	AL, P.A.			·			
SARASOT	TA, FL 34237	City /		9 DE	LACROLY	FL Zip Co	de	
The above named entity submits this statement for the purpose of changing its registered office								
	ations of registered agent.	O Care					_	, a.
SIGNATURE	Signatera, typed or printed name of registered agen	t and title if applicable (NO:	TE: Registered Agent	t signatura required	d when reinstalling)	/- 1	Y-05 DATE	
	ling Fee is \$50.00 by September 7, 2005	į.				e check payable to a Department of Sta	te	
9.	MANAGING MEMB	ERS/MANAGERS	RS/MANAGERS 10.			ADDITIONS/	CHANGES	
NAME STREET ADDRESS	MGR GAMEL, WILLIAM 5146 SILARY CIRCLE ANCHORAGE, AK 99508	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII				☐ Change	Addition
TITLE	ANCHORAGE, AK 99506	□ Delete	TITLE	-				Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADD CITY-ST-ZII	1				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	Addition
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CITY-ST-ZIP	J							Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that the information subpilled with do not this report is true injudicularite an ability company or the receiver cruteral	Mittie Dling does not qualify for	NAME STREET ADD CITY-ST-ZI or the exemptice the same legs	on stated in Se	made under oa	h; that I am a manad	I further certify that the	information ger of the