2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# L03000021199

Entity Name: WNM INVESTMENTS, LLC

Current Principal Place of Business:

5634 NE 61ST AVE. RD.
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6271
OCALA, FL 34478 US

New Mailing Address:

P. O. BOX 5428
OCALA, FL 34478 US

FEI Number: 86-1067203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENS, BARBARA J
5634 NE 61ST AVE. RD.
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	STEPHENS, ANDREW N	
Address:	5634 NE 61ST AVE. RD.	
City-St-Zip:	SILVER SPRINGS, FL 34488 US	
Title:	MGRM	( ) Delete
Name:	STEPHENS, BARBARA J	
Address:	5634 NE 61ST AVE. RD.	
City-St-Zip:	SILVER SPRINGS, FL 34488 US	
Title:	MGRM	( ) Delete
Name:	CHAZAL, CHARLES P II	
Address:	6541 SW 12TH COURT	
City-St-Zip:	OCALA, FL 34474 US	
Title:	MGRM	( ) Delete
Name:	CHAZAL, MARY K	
Address:	6541 SW 12TH COURT	
City-St-Zip:	OCALA, FL 34474 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARBARA J. STEPHENS MGRM 01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date