2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026659

1. Entity Name
WD INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
C/O WILLIAM BECK 1509 AVENUE C RIVIERA BEACH, FL 33404	C/O WILLIAM BECK 1509 AVENUE C RIVIERA BEACH, FL 33404
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03112005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
57-1178037	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECK, WILLIAM 1509 AVENUE C RIVIERA BEACH, FL 33404	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES		
TITLE	MGR	TITLE	☐ Change	☐ Addition
NAME	BELK, WILLIAM	NAME		
STREET ADDRESS	1509 AVE C	STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404 ☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		

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.

SIGNATURE: _____ 4/20/05 561-844-9056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date Daytime Phone #