


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90307 012 ***138.75

DOCUMENT # L03000026659		
1. Entity Name WD INVESTMENTS, L.L.C.		

Principal Place of Business XXXXXX 1509 AVENUE C RIVIERA BEACH, FL 33404 XXXXXX	Mailing Address XXXXXX 1509 AVENUE C RIVIERA BEACH, FL 33404 XXXXXX
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2. Principal Place of Business - No P.O. Box # c/o Kent Huffman, Esq. Suite, Apt. #, etc. 515 N. Flagler Dr., #801 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address c/o Kent Huffman, Esq. Suite, Apt. #, etc. 515 N. Flagler Dr., #801 City & State West Palm Beach, FL Zip 33401 Country USA
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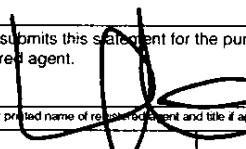
01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 57-1178037	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 BECK, WILLIAM 1509 AVENUE C RIVIERA BEACH, FL 33404	7. Name and Address of New Registered Agent Kent Huffman, Esq. Street Address (P.O. Box Number is Not Acceptable) 515 North Flagler Drive Suite 801 City West Palm Beach, FL Zip Code 33401
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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.

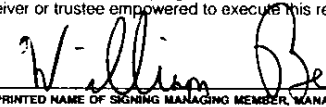
SIGNATURE  Kent Huffman, Esquire January 28, 2008

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECK, WILLIAM 1509 AVENUE C RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  4/16/08 561-844-4056

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