## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 09, 2005 8:00 am Secretary of State

DOCUMENT # L0400005403  1. Entity Name WAHOO INVESTMENTS LLC			(		02-09-2005 90158 028 ****50.00			
Principal Plac	e of Business	Mailing Address			1			
6 Morano POINT RD. DESTIN, FL 32541		6 Mor <sup>eng</sup> Point RD. Destin, FL 32541				2000891	.0	
						ENIN DISCI TEN ERIN ERIN		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272005	Chg-LLC	CR2E083 (10/0	3)	
City & State		City & State		4. FEI Number 59 - 3	779449		Applied For Not Applicable	
Zip	Country Zip Coun		Country	у	5. Certificate	of Status Desired	□ \$5.00 / Fee Regu	
	6. Name and Address of Current F	Registered Agent	П		7. Name and	Address of New Ro	<del></del>	
NAME LIABAC	MARTY			Name .			<del>-</del> · · ·	
WILLIAMS, MARTY 6 MORANO POINT RD. DESTIN, FL 32541				Street Address (P.O. Box Number is Not Acceptable)				
			Ļ		<del>,, ,,</del> .			
			İ	City			FL   Zip C	ode
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered	d office or registe	red agent, or both	n, in the State of Flo.	rida. I am familiar w	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	: Registered A	Agent signature require	1 when reinstating)	<del></del>	DATE	
Filing Fee Is \$50.00 Due by May 1, 2005		2		Make check payable to Fiorida Department of State				
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				Florida	Department of S	
9.	MANAGING MEMBER		10.	25 JS	-		Department of S	ate
		RS/MANAGERS	10. TITLE NAME			Florida	Department of S	ate
9. TITLE NAME	MANAGING MEMBER MGRM WILLIAMS, MARTY		10. TITLE NAME	T ADDRESS		Florida	Department of S	ate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM WILLIAMS, MARTY 6 MORANO POINT DRIVE		10. TITLE NAME STREET CITY-S	T ADDRESS		Florida	Department of S	e Addition
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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: Wat Hill

2/3/05

(851) 837-8016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone a