

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016379

Entity Name: W.D. INVESTMENTS, LLC

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

900 SE 6TH CT
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

816 SE 9TH STREET
FORT LAUDERDALE, FL 33316

Current Mailing Address:

900 SE 6TH CT
FORT LAUDERDALE, FL 33301

New Mailing Address:

816 SE 9TH STREET
FORT LAUDERDALE, FL 33316

FEI Number: 20-1411000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITAKER, CHAD
900 SE 6TH CT
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

DERRER, WILLIAM R
816 SE 9TH STREET
FORT LAUDERDALE, FL 33316 US

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: WILLIAM R DERRER

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITAKER, CHAD
Address: 900 SE 6TH CT
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: DERRER, WILLIAM R JR
Address: 900 SE 6TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DERRER, WILLIAM R JR
Address: 816 SE 9TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM R DERRER

MGR

01/27/2009

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