


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90002 012 \*\*\*\*50.00

**DOCUMENT # L04000021752**

1. Entity Name  
**W & P INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**340 PINELLAS BAYWAY S. #303**      **340 PINELLAS BAYWAY S. #303**  
**ST. PETERSBURG, FL 33715**      **ST. PETERSBURG, FL 33715**

2. Principal Place of Business      3. Mailing Address  
**200 Julia Circle N**      **200 Julia Circle N.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**St. Petersburg FL**      **St. Petersburg FL**  
 Zip      Country      Zip      Country  
**33706**      **USA**      **33706**      **USA**

06282005      Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**56-2456908**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PERKINS, JOYCE A**  
**1630 22ND STREET NORTH**  
**ST PETERSBURG, FL 33713-5653**

7. Name and Address of New Registered Agent  
 Name: **Terry D. Woodward**  
 Street Address (P.O. Box Number is Not Acceptable): **2201 16th Avenue North**  
 City: **St. Petersburg**      FL      Zip Code: **33713**

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: *Terry D. Woodward*      DATE: **6/28/05**

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

**Filing Fee is \$50.00 Due by September 7, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, TERRY D 340 PINELLAS BAYWAY S. #303 ST PETERSBURG, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Woodward, Terry D. 200 Julia Circle North St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICKERING, BRENT T 800 SOUTH GULFVIEW #402 CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pickering Brent R. 2201 16th Avenue North St. Petersburg FL 33713 <input checked="" 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
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
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
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

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: *Terry D. Woodward*      DATE: **6/28/05**      727-328-8880

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