## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000032037

Entity Name: WIT INVESTMENTS, LLC

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1171 CHENILLE CIRCLE WESTON, FL 33327

Current Mailing Address: New Mailing Address:

1171 CHENILLE CIRCLE WESTON, FL 33327

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEDRAZA, CARLOS E 1171 CHENILLE CIRCLE WESTON, FL 33327 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: AGOSTINI, MARCELLO R Name: AGOSTINI, MARCELLO R Address: 799 CRANDON BLVD #1004 Address: 2101 BRICKELL AVE #3003

City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PEDRAZA, CARLOS E
 Name:

 Address:
 1171 CHENILLE CIRCLE
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOCKADAY-AGOSTINI, NICOLE
 Name:

 Address:
 799 CRANDON BLVD #1004
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS E. PEDRAZA MGRM 01/04/2005