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Secretary of State

05-02-2005 90109 042 ***150.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000049312

1. Entity Name
WASG ENTERPRISES LLC

Principal Place of Business	Mailing Address
7067 SHADY GROVE WAY TALLAHASSEE, FL 32312	7067 SHADY GROVE WAY TALLAHASSEE, FL 32312

37008363

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2915-201 Kerry Forest Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Tallahassee FL	
Zip	Country	Zip: 32309	Country: USA

4. FEI Number: 90-0185598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, WALTER M III
7067 SHADY GROVE WAY
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name: Shelly Griffin
Street Address (P.O. Box Number is Not Acceptable): 2915-201 Kerry Forest Pkwy
City: Tallahassee FL Zip Code: 32309

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: [signature] 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, WALTER M III 7067 SHADY GROVE WAY TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2630 Wharton Cir Tall FL 32312	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shelly Griffin	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shelly Griffin 2630 Wharton Cir Tallahassee FL 32312	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #