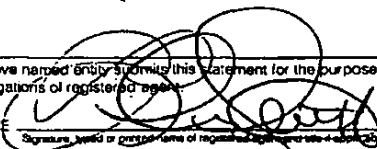
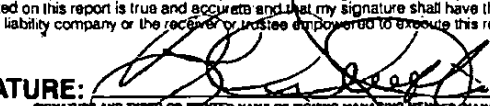


FILED  
Jun 01, 2005 8:00 am  
Secretary of State

05-02-2005 90109 042 \*\*\*150.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                                                                                                                                                                                                          |                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000049312</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                         |                                                                                                                                               |
| 1. Entity Name<br><b>WASG ENTERPRISES LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                                                                                                                                          |                                                                                                                                               |
| Principal Place of Business<br><b>7067 SHADY GROVE WAY<br/>TALLAHASSEE, FL 32312</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Mailing Address<br><b>7067 SHADY GROVE WAY<br/>TALLAHASSEE, FL 32312</b>                                                                                                                                                 |                                                                                                                                               |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | 3. Mailing Address<br><b>2915-201 KERRY FOREST PKWY</b><br>Suite, Apt. #, etc.                                                                                                                                           |                                                                                                                                               |
| City & State<br><b>TALLAHASSEE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | 4. FEI Number<br><b>90-0185598</b>                                                                                                                                                                                       |                                                                                                                                               |
| Zip<br><b>32309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country<br><b>USA</b>                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                 |                                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br><b>GRIFFIN, WALTER M III<br/>7067 SHADY GROVE WAY<br/>TALLAHASSEE, FL 32312</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name <b>SHELLY GRIFFIN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2915-201 KERRY FOREST PKWY</b><br>City <b>TALLAHASSEE</b> FL Zip Code <b>32309</b> |                                                                                                                                               |
| 8. The above named entity is making 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.<br>SIGNATURE  DATE <b>4/25/05</b><br>(NOTE: Registered Agent signature required when re-registering)                                                                                        |                                                                                                                |                                                                                                                                                                                                                          |                                                                                                                                               |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Make check payable to<br>Florida Department of State                                                                                                                                                                     |                                                                                                                                               |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | 10. ADDITIONS/CHANGES                                                                                                                                                                                                    |                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>GRIFFIN, WALTER M III<br>7067 SHADY GROVE WAY<br>TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2630 WHARTON CIR<br/>TALL FL 32312</b>                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VP<br>SHELLY GRIFFIN <input type="checkbox"/> Delete                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                       | VP<br>SHELLY GRIFFIN<br>2630 WHARTON CIR<br>TALLAHASSEE FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | Date <b>4/25/05</b>                                                                                                                                                                                                      |                                                                                                                                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Date Daytime Phone #                                                                                                                                                                                                     |                                                                                                                                               |