


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State

04-15-2005 90021 043 ****50.00

DOCUMENT # L04000052142

1. Entity Name
WASP INVESTMENTS, LLC



Principal Place of Business Mailing Address
1240 JOHN ANDERSON DRIVE **P.O. BOX 1166**
ORMOND BEACH FL 32176 **ORMOND BEACH FL 32175**

30006401



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
261718073 Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKS, RUSSELL
1240 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when renaming) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKS, RUSSELL			NAME			
STREET ADDRESS	P.O. BOX 1166			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERICKSEN, GREGORY			NAME			
STREET ADDRESS	P.O. BOX 1166			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEITE, JAMES			NAME			
STREET ADDRESS	P.O. BOX 1166			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Russell Franks* Date: 4-11-05 Daytime Phone # _____