


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**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**



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/05)  
 4. FEI Number      Applied For  
**20-1718073**      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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRANKS, RUSSELL	
STREET ADDRESS	P.O. BOX 1166	
CITY-ST-ZIP	ORMOND BEACH FL 32175	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ERICKSEN, GREGORY	
STREET ADDRESS	P.O. BOX 1166	
CITY-ST-ZIP	ORMOND BEACH FL 32175	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEITE, JAMES	
STREET ADDRESS	P.O. BOX 1166	
CITY-ST-ZIP	ORMOND BEACH FL 32175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*      3-20-06 386-441-5587