

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062163

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: WHAT NEXT INVESTMENTS, LLC

**Current Principal Place of Business:**

4495 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

4495 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 20-1565890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WELLS, BARTLETT C  
4495 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303      US

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

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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BENTON, TONY C  
Address: 48 SANDERS CEMETERY ROAD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGR      ( ) Delete  
Name: BENTON, VICKI S  
Address: 48 SANDERS CEMETERY ROAD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGR      ( ) Delete  
Name: WELLS, BARTLETT C  
Address: 339 MILESTONE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR      ( ) Delete  
Name: WELLS, REBECCA S  
Address: 339 MILESTONE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BARTLETT C WELLS

MGR

04/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date