2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000065683

Entity Name: WAVIS, LLC

Current Principal Place of Business:

856 XAVIER AVE. NORTH
SUITE 200
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

856 XAVIER AVE. NORTH
SUITE 200
FT. MYERS, FL 33913

New Mailing Address:

FEI Number: 20-1587330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGELMAN, PAUL R
856 XAVIER AVE. NORTH
SUITE 200
FT. MYERS, FL 33913 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:	ENGELMAN, PAUL R	
Address:	856 XAVIER AVENUE NORTH	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	PRES	(X) Delete
Name:	TURPIN, DEAN	
Address:	1211 MCNUTT CROSSING	
City-St-Zip:	BOGART, GA 30622	
Title:	VP	(X) Delete
Name:	BOONE, JOHN J	
Address:	215 BUCK RUN	
City-St-Zip:	LOGANVILLE, GA 30052	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: PAUL R. ENGELMAN MGR 04/30/2007

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