

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 022 ****50.00

DOCUMENT # L04000067378

1. Entity Name
WPS INVESTMENTS, LLC



Principal Place of Business
**5341 & 5353 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33484**

Mailing Address
**9216 PICOT COURT
BOYNTON BEACH, FL 33437**

60019779



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1611891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POSNER, MICHAEL J
4420 BEACON CIRCLE STE. 100
WEST PALM BEACH, FL 33407**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WITT, DAVID J
STREET ADDRESS 9216 PICOT COURT
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE MGR ☐ Delete
NAME SEGAL, TOM J
STREET ADDRESS 3730 KINGS WAY
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR ☐ Delete
NAME PEACOCK, ALBERT L
STREET ADDRESS 5413 AMY AVENUE
CITY-ST-ZIP APPLETON, WI 54915

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DAVID J.
WITT**

2/28/07