

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90140 040 \*\*\*\*50.00

30004001



|  |   |   |         |   |
|--|---|---|---------|---|
| <b>DOCUMENT # L04000076322</b><br>1. Entity Name<br>WDS INVESTMENTS, LLC   |   |   |         |   |
| Principal Place of Business<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578   |   | Mailing Address<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578  |         |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |         | 02142006 Chg-LLC CR2E083 (11/05)  |
| City & State   |   | City & State  |         |   |
| Zip  | Country   | Zip   | Country | 4. FEI Number<br>11-3738532   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |   |         | Applied For<br>Not Applicable   |
| 6. Name and Address of Current Registered Agent<br><br>BUSINESS FILINGS INCORPORATED<br>1203 GOVERNORS SQUARE BLVD<br>SUITE 101<br>TALLAHASSEE, FL 32301-2960  |   |   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
| 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.  |   |   |         | FL Zip Code   |
| SIGNATURE: <i>Diane Shaffer</i><br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   | DATE: <i>3/15/06</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |         |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | Make check payable to<br>Florida Department of State  |         |   |
| 9. MANAGING MEMBERS / MANAGERS   |   |   |         | 10. ADDITIONS / CHANGES   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFFER, DIANE<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578   | <input type="checkbox"/> Delete   |         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFFER, WILLIAM<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFER, WILLIAM<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578  | <input type="checkbox"/> Delete   |         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFER, WILLIAM<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFER, WILLIAM<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578  | <input type="checkbox"/> Delete   |         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFER, WILLIAM<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFER, WILLIAM<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578  | <input type="checkbox"/> Delete   |         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHAFER, WILLIAM<br>87 LIVE OAK STREET<br>NICEVILLE, FL 32578  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |         |   |
| 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: <i>Diane Shaffer</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |         | DATE: <i>3/15/06</i><br><small>DATE</small>   |
| PHONE: <i>850-915-9133</i><br><small>DAYTIME PHONE</small>   |   |   |         |   |