

L 05 00000 3431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

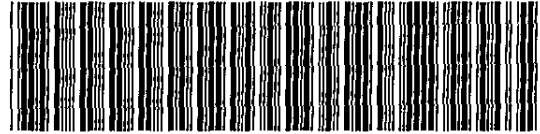
(Business Entity Name)

(Document Number)

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05 JAN 14 PM 4:49  
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CORPORATIONS  
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2005 JAN 14 PM 4:54  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 18 2005



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January 14, 2005

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

WB Investments, LLC

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Retrieval Request**

- Photocopy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 CORPORATION  
 TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
WB Investments, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
ARTICLE II incorrectly stated the mailing address of the limited liability company.  
The mailing address should be 189 Franklin Wright Boulevard, Lake Orion, Michigan 48362.

ARTICLE V incorrectly provided that the company is a member-managed limited liability company and listed the managing members. Article V should have provided that the company is a manager-managed limited liability company and that the names and addresses of the initial managers are as follows:

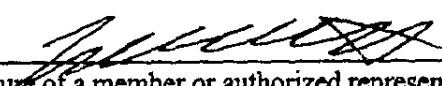
Donald G. Walker

Tracey L. Walker

189 Franklin Wright Boulevard  
Lake Orion, Michigan 48362

189 Franklin Wright Boulevard  
Lake Orion, Michigan 48362

Dated: January 14, 2005

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jeff M. Novatt, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000003431  
FILED 8:00 AM  
January 12, 2005  
Sec. Of State  
dcushing

**Article I**

The name of the Limited Liability Company is:  
WB INVESTMENTS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
801 CARRICK BEND CIRCLE  
202  
NAPLES, FL. US 34110

The mailing address of the Limited Liability Company is:  
801 CARRICK BEND CIRCLE  
202  
NAPLES, FL. US 34110

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DEBORAH D. SKIPPER

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**Article V**

The name and address of managing members/managers are:

Title: MGRM  
DONALD G WALKER  
5445 CORPORATE DRIVE STE 400  
TROY, MI. 48098 US

Title: MGRM  
TRACEY L WALKER  
5445 CORPORATE DRIVE STE 400  
TROY, MI. 48098 US

Title: MGRM  
DIANE L BUCKLEY  
5445 CORPORATE DRIVE STE 400  
TROY, MI. 48098 US

Title: MGRM  
TIMOTHY BUCKLEY  
5445 CORPORATE DRIVE STE 400  
TROY, MI. 48098 US

Signature of member or an authorized representative of a member

Signature: DONALD G. WALKER

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