

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003431

Entity Name: WB INVESTMENTS, LLC

FILED  
Feb 12, 2008  
Secretary of State

**Current Principal Place of Business:**

801 CARRICK BEND CIRCLE 202  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

189 FRANKLIN WRIGHT BOULEVARD  
LAKE ORION, MI 48362

**New Mailing Address:**

FEI Number: 38-3713968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: WALKER, DONALD G  
Address: 189 FRANKLIN WRIGHT BOULEVARD  
City-St-Zip: LAKE ORION, MI 48362 US

Title: MGR ( ) Delete  
Name: WALKER, TRACEY L  
Address: 189 FRANKLIN WRIGHT BOULEVARD  
City-St-Zip: LAKE ORION, MI 48362 US

**ADDITIONS/CHANGES:**

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: TRACEY WALKER

OWNE

02/12/2008

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