2007 LIMITED LIABILITY COMPANY . ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State
05-16-2007 90176 021 ****50.00

DOCUMENT # L05000031484

1. Entity Name
WACALA INVESTMENTS LLC.

Principal Place of Business	Mailing Address
PO. BOX 607 ST. MARKS FL 32355	PO. BOX 607 ST. MARKS FL 32355

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
255 Fire Escape Rd.	P.O. Box 607
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Marks, FL	City & State: St. Marks, FL
Zip: 32355 Country: Wakulla	Zip: 32355 Country: Wakulla

1st MOORE CR2E083 (10/06)

4. FEI Number: 20-2636716 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAW, MARK D 3127 W. TENNESSEE ST. TALLAHASSEE FL 32304	Name: James Thomas Ward Street Address (P.O. Box Number is Not Acceptable): 255 Fire Escape Rd. City: St. Marks FL Zip Code: 32355

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: Mark D. Law — Date: June 4, 2007
Signature, typed or printed name of registering agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAW, MARK D 3352 WHIPPOORWILL DR. TALLAHASSEE FL 32310 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, JAMES T 255 FIRE ESCAPE RD ST MARKS FL 32355 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent / MGRM James Thomas Ward 255 Fire Escape Rd. St. Marks, FL. 32355 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James T. Ward — Date: 6/4/07 — Daytime Phone #: 8509250134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE