

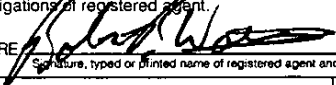
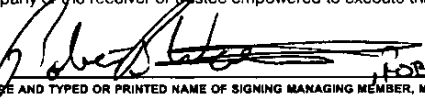


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 032 ****50.00

DOCUMENT # L05000033087 1. Entity Name W & W INVESTMENTS, LLC					
Principal Place of Business 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309				Mailing Address 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309	
2. Principal Place of Business 3201 SHAMROCK SOUTH Suite, Apt. #, etc. UNIT 104 City & State TALLAHASSEE, FL Zip 32309		3. Mailing Address 3201 SHAMROCK SOUTH Suite, Apt. #, etc. UNIT 104 City & State TALLAHASSEE, FL Zip 32309			
02282006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-2623477		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent WISE, DONALD E 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309			
7. Name and Address of New Registered Agent Name ROBERT B. WATSON Street Address (P.O. Box Number is Not Acceptable) 2773 VASSAR ROAD City TALLAHASSEE FL Zip Code 32309		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  MANAGING MEMBER, ROBERT B. WATSON 3/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete ROBERT B. WATSON 2773 VASSAR RD TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete DONALD E. WISE 3108 ANSLEY PARK DR. TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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  ROBERT B. WATSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3/2/05 850-299-4119 <small>Date Daytime Phone #</small>	