

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90019 026 \*\*\*\*50.00

<b>DOCUMENT # L05000071256</b>					
<b>1. Entity Name</b> WG INVESTMENT PROPERTIES, LLC					
<b>Principal Place of Business</b> 596 NE FROGS GLN LAKE CITY, FL 32055			<b>Mailing Address</b> 596 NE FROGS GLN LAKE CITY, FL 32055		
<b>2. Principal Place of Business</b> 8857 CR 417 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8857 CR 417 Suite, Apt. #, etc.			
<b>City &amp; State</b> Live Oak		<b>City &amp; State</b> Live Oak		<b>4. FEI Number</b> 25-1923115 251-92-3115	
<b>Zip</b> 32060		<b>Country</b> Jamaica		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SMITH, WILLIAM S 596 NE FROGS GLN LAKE CITY, FL 32055			<b>7. Name and Address of New Registered Agent</b> Name: <u>Gerald H. Gray</u> Street Address (P.O. Box Number is Not Acceptable): <u>8857 CR 417</u> City: <u>Live Oak</u> <b>FL</b> Zip Code: <u>32060</u>		
<b>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.</b> SIGNATURE: <u>Gerald H. Gray MGRM</u> <u>Gerald H. Gray</u> <u>1-23-06</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, WILLIAM S 596 NE FROGS GLN LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gerald H. Gray 8857 CR 417 Live Oak, FL 32060	<input type="checkbox"/> Change <input checked="" 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
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Gerald H. Gray</u> <u>Gerald H. Gray</u> <u>1-23-06</u> <u>386-754-8888</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # EXT. 113</small>					