2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000090951

1. Entity Name

WPIC INVESTMENTS, LLC



FILED Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

10762 S.E. HIGHWAY 441 BELLEVIEW, FL 34420 Mailing Address

10762 S.E. HIGHWAY 441 BELLEVIEW, FL 34420



DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3463065

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, MICHAEL E 230 N.E. 25TH AVENUE, SUITE 100 OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

, 00,121,1		IN	N THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chan lons of registered agent.	l nging its registered office or registered agent,	or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstati	ing) DATE	
FILE After May	! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	· · · · · · · · · · · · · · · · · ·		
9.	MANAGING MEMBERS/MANAGERS			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR CRIMI, MICHAEL 10762 S.E. HIGHWAY 441 BELLEVIEW, FL 34420			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000891952 04/23/08-80046-002 138.75	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		D	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11	N THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No of the boundary of the latest		· ·	
TITLE NAME				

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/2/08

352 427 2628

Daytime Phone #