2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000113088

1. Entity Name

WABASSO RETAIL INVESTMENTS, LLC



Principal Place of Business

5135 87TH STREET WABASSO, FL 32970 Mailing Address

P.O. BOX 700277 WABASSO, FL 32970-0277

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90532 001 ***350.00

30004980

DO NOT WRITE IN THIS SPACE

02122007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 20-3844060 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

LIGHTSEY, ALTON L C/O LIGHTSEY & ASSOCIATES, P.A. 2105 PARK AVENUE NORTH WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of chair	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
	the obligations of registered agent.		
SIG	SNATURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		

MANAGING MEMBERS/MANAGERS MGR TITLE BASS, JEFF E NAME STREET ADDRESS 5135 87TH ST WABASSO, FL 329700277 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

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:



Jeff E. Bass

02 - 28 - 07

772-589-4356

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

Daytime Phone #