


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000061439 1. Entity Name WMS INVESTMENTS, LLC	
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Principal Place of Business 9501 GLENPOINTE DRIVE RIVERVIEW, FL 33569	Mailing Address P.O. BOX 1367 BRANDON, FL 33509-1367
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05162008 Chg-LLC CR2E083 (12/06)

City & State	City & State
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4. FEI Number 13-4347439	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, JOSEPH C JR. 9501 GLENPOINTE DRIVE RIVERVIEW, FL 33569	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, JOSEPH C JR. 9501 GLENPOINTE DRIVE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000959447 09/10/08-80005-012 138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<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: X Joseph C. Williams, Jr. Date: 9.1.08 Daytime Phone #: (813) 671-4896