


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90055 038 \*\*\*138.75

<b>DOCUMENT # L06000080160</b>	
1. Entity Name <b>WTF INVESTMENTS, LLC</b>	

Principal Place of Business <b>4914 LYFORD CAY ROAD TAMPA, FL 33629</b>	Mailing Address <b>4914 LYFORD CAY ROAD TAMPA, FL 33629</b>
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2. Principal Place of Business - No P.O. Box # <b>15 Paradise Plaza</b>	3. Mailing Address <b>15 Paradise Plaza</b>
Suite, Apt. #, etc. <b>Unit 228</b>	Suite, Apt. #, etc. <b>Unit 228</b>
City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34239</b>	Country <b>Sarasota</b>

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04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5376162</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>THORN, TOM III 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602</b>	

7. Name and Address of New Registered Agent	
Name <b>Freeman, William T.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>15 Paradise Plaza, Unit 228</b>	
City <b>Sarasota</b>	FL Zip Code <b>34239</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.	
SIGNATURE <i>William T. Freeman</i>	DATE <b>4-21-08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, WILLIAM T 4914 LYFORD CAY ROAD TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Freeman, William T. 15 Paradise Plaza, Unit 228 Sarasota, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, GAIL M 4914 LYFORD CAY ROAD TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Freeman, Gail M. 15 Paradise Plaza, Unit 228 Sarasota, FL 34239 <input checked="" 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: <i>William T. Freeman</i>	Date <b>4-21-08</b> Daytime Phone # <b>941-400-2222</b>