2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# L06000120008

Entity Name: WISE INVESTMENTS, L.L.C.

Current Principal Place of Business:

8737 HERONS WALK
NORTH CHARLESTON, SC 29420 US

New Principal Place of Business:

189 SUGAR SAND LANE
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

8737 HERONS WALK
NORTH CHARLESTON, SC 29420 US

New Mailing Address:

FEI Number: 20-8055334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAVENS, JASON E
4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JON BRADFORD STANLEY, 2006 REVOCABL E TRUST	
Address:	8737 HERONS WALK	
City-St-Zip:	NORTH CHARLESTON, SC 29420 US	
Title:	MGRM	( ) Delete
Name:	CAROLINE WISE STANLE, Y 2006 REVOCAB L E TRUST	
Address:	8737 HERONS WALK	
City-St-Zip:	NORTH CHARLESTON, SC 29420	
Title:	MGRM	( ) Delete
Name:	JOHN WILLIAM BADDLEY, REVOCABLE TRU S T	
Address:	3569 BROOKWOOD ROAD	
City-St-Zip:	BIRMINGHAM, AL 35223 US	
Title:	MGRM	( ) Delete
Name:	LORELLE WISE BADDLEY, REVOCABLE TRU S T	
Address:	3569 BROOKWOOD ROAD	
City-St-Zip:	BIRMINGHAM, AL 35223 US	
Title:	MGRM	( ) Delete
Name:	WISE, HARRY E	
Address:	P.O. BOX 146	
City-St-Zip:	BAMBERG, SC 29003 US	
Title:	MGRM	( ) Delete
Name:	WISE, LORELLE H	
Address:	P.O. BOX 146	
City-St-Zip:	BAMBERG, SC 29003 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JON BRADFORD STANLEY MGRM 01/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date