2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120008

FILED
Jan 05, 2011
Secretary of State

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

Current Principal Place of Business:

189 SUGAR SAND LANE
SANTA ROSA BEACH, FL 32459   US

New Principal Place of Business:

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
4481 LEGENDARY DRIVE
SUITE 204
DESTIN, FL 32541 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
Name:	JON BRADFORD STANLEY 2006 REVOCABLE TRUST
Address:	8737 HERONS WALK
City-St-Zip:	NORTH CHARLESTON, SC 29420 US

Title:	MGRM
Name:	CAROLINE WISE STANLEY 2006 REVOCABLE TRUST
Address:	8737 HERONS WALK
City-St-Zip:	NORTH CHARLESTON, SC 29420

Title:	MGRM
Name:	JOHN WILLIAM BADDLEY REVOCABLE TRUST
Address:	3569 BROOKWOOD ROAD
City-St-Zip:	BIRMINGHAM, AL 35223 US

Title:	MGRM
Name:	LORELLE WISE BADDLEY REVOCABLE TRUST
Address:	3569 BROOKWOOD ROAD
City-St-Zip:	BIRMINGHAM, AL 35223 US

Title:	MGRM
Name:	WISE, HARRY E
Address:	P.O. BOX 146
City-St-Zip:	BAMBERG, SC 29003 US

Title:	MGRM
Name:	WISE, LORELLE H
Address:	P.O. BOX 146
City-St-Zip:	BAMBERG, SC 29003 US

I hereby 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 Statues.

SIGNATURE: JON B. STANLEY   MGRM   01/05/2011

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