2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

8756 HERONS WALK
NORTH CHARLESTON, SC 29420 US

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: 8756 HERONS WALK
City-St-Zip: NORTH CHARLESTON, SC 29420 US

Title: MGRM
Name: CAROLINE WISE STANLEY 2006 REVOCABLE TRUST
Address: 8756 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 01/06/2012

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