2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

limited liability company or the

SIGNATURE:

DOCUMENT # L07000050712 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name GWB INVESTMENTS, LLC 08 APR 28 PM 3: 25 Principal Place of Business Mailing Address 3585 - 41ST AVENUE N.E. NAPLES FL 34120 3585 - 41ST AVENUE N.E. NAPLES FL 34120 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BILLMYRE, GARY W Street Address (P.O. Box Number is Not Acceptable) 3585 - 41ST AVENUE N.E. NAPLES FL 34120 Zip Code City 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 SIGNATURE (NOTE Registered Agent signature required when removating FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR MGR Addition TOTALE Delete TiTLE ☐ Change LORI A. Billmyre 3585- 414 Avenue N.E. NAME BILLMYRE, GARY W NAME STREET ADDRESS 3585 - 41ST AVENUE N.E. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34120 CITY-ST-7:P Naples, FL 34120 ☐ Delete ☐ Change Addition NAME **438.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P THE ☐ Delete TITLE ☐ Change Addition NAME DAME STREET ANDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-70 CITY-ST-Z:P ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filling does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the I hereby certify that the information supplied indicated on this report is true and accurate

mpowered to execute this report as required by Chapter 608, Florida Statutes.

GARY W. BILLMYRE

4-4-08

MANAGER

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPR

2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L07000059167

RODGERS~BRIDGES, LLC



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 28 PM 3: 25

Principal	Place	of	Business	
писира	, iaca	•	Quali icaa	

Mailing Address

1501 E. LAKEVIEW AVENUE PENSACOLA FL 32503

1501 E.LAKEVIEW AVENUE PENSACOLA.FL 32503

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2030,2040,2050 N 12th Ave Suite, Apt. #, etc.

Suite. Apt. #. etc.

Zip

01122008

Chg-LLC

CR2E083 (12/06)

City & State Pensacola, FL

City & State

4. FEI Number 26-0715554

Applied For Not Applicable

Zip 32503 Country

Escambia 6. Name and Address of Current Registered Agent 5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

600125462836 04/24/08--01004--020 **138.75

MITCHEM, WILLIAM H BEGGS & LANE, RLLP

501 COMMENDENCIA STREET PENSACOLA, FL 32502

City

Country

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

SIGNATURE

Signature, typed or prittled name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!II FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

,	•			2002.0	
9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS / CHANGES	
TITLE Manager		0	ITTLE		O Change O Addition
NAME Lora W Rodgers		Delete	NAME .		
STREET 1501 E. Lakeview Ave		Develo	STREET ADDRESS	•	
ADDRESS CITY- Pensacola			CITY-ST-4?		
ST-#? Florida 32503		0			O Change O
TITLE		Ŭ	IIILE		O Change O
Manager		Delate	NAME		Addition
NAME Cathy Bridges			STREET		
STREET 2056 N13th Ave.		_	ADDRESS CITY-		
ADORESS CITY- Pensacola		0	₩£		O Change O Addition
ST-IP FL 32503		Delete	NAME		
TITLE		Delete	STREET		
NAME			ADDRESS CITY-		
STREET		0	ST-4?		O Change O
ADDRESS CITY-			TITLE		
ST-4?		Delete	NAME		Addition
TITLE			STREET		
NAME		0	ADDRESS CITY-		O
STREET		U	ST4P		O Change O Addition
ADDRESS CITY-		Delete			
ST-17			TITLE		
		_	NAME		
TITLE		0	STREET		O Change O Addition
NAME		Delete	ADDRESS CITY-		
STREET		Poleto	ST-ZIP		
ADORESS CITY-			TITLE .		
ST-47					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption for the exemption of the Chapter 119, Florida Statutes. I further certify that the information indicated on this TITLE report is true and accurate and that my signature shall have the same legal effect as if media-profer certify that I am a managing member or manager of the limited liability company or the NAME.

NAME:

STREET

4-12-08 572-25

lgishill