


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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 28 PM 3:25

DOCUMENT # L07000050712	
1. Entity Name GWB INVESTMENTS, LLC	

Principal Place of Business 3585 - 41ST AVENUE N.E. NAPLES FL 34120 US	Mailing Address 3585 - 41ST AVENUE N.E. NAPLES FL 34120 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent BILLYRE, GARY W 3585 - 41ST AVENUE N.E. NAPLES FL 34120	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLYRE, GARY W 3585 - 41ST AVENUE N.E. NAPLES FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori A. Billyre 3585 - 41st Avenue N.E. Naples, FL 34120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400125502464 04/24/08--01008--004 ***438.75 <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
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GARY W. BILLYRE
MANAGER

4-4-08

(239) 253-7742

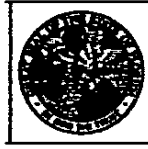
Date

Deputy P. 4.4.8

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000059167

1. Entity Name
RODGERS~BRIDGES, LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 28 PM 3: 25

Principal Place of Business
1501 E. LAKEVIEW AVENUE
PENSACOLA, FL 32503

Mailing Address
1501 E. LAKEVIEW AVENUE
PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #
2030, 2040, 2050 N 12th Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State

Zip
32503

Country
Escambia

Zip

Country

6. Name and Address of Current Registered Agent

MITCHEM, WILLIAM H
BEGGS & LANE, RLLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502

01122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0715554 Applied For
Not Applicable

5. Certificate of Status Desired 0 \$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

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

City

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to Florida
Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE Manager
NAME Lora W Rodgers
STREET 1501 E. Lakeview Ave
ADDRESS CITY- Pensacola
ST-#? Florida 32503
Delete
TITLE Manager
NAME Cathy Bridges
STREET 2056 N13th Ave.
ADDRESS CITY- Pensacola
ST-#? FL 32503
Delete
TITLE
NAME
STREET
ADDRESS CITY-
ST-#?
Delete
TITLE
NAME
STREET
ADDRESS CITY-
ST-#?
Delete
TITLE
NAME
STREET
ADDRESS CITY-
ST-#?
Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-#?
Change Addition
TITLE
NAME
STREET
ADDRESS CITY-
ST-#?
Change Addition
TITLE
NAME
STREET
ADDRESS CITY-
ST-#?
Change Addition
TITLE
NAME
STREET
ADDRESS CITY-
ST-#?
Change Addition
TITLE
NAME
STREET
ADDRESS CITY-
ST-#?
Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in 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 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.

NAME
STREET
ADDRESS CITY-
ST-#?

SIGNATURE:

SIGNATURE, AND TYPE, D OR M, NAME, OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lora W Rodgers
Rodgers/Bridges LLC

4-12-08 572-2557