

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000066438

1. Entity Name  
WRIGHTWAY INVESTMENTS, LLC



Principal Place of Business

661 SW 29TH AVENUE  
FT LAUDERDALE, FL 33312 US

Mailing Address

661 SW 29TH AVENUE  
FT LAUDERDALE, FL 33312 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip - - - - -

Country

Zip - - - - -

Country

04272008 Chg-LLC CR2E083 (12/06)

4. FEI Number

260429895

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required --

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, EMMA  
661 SW 29TH AVENUE  
FT LAUDERDALE, FL 33312

Name

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 renewing)

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

President  Change  Addition  
Emma Wright FT. Lauderdale FL  
661 SW 29TH AVE. 33312

Vice President  Change  Addition  
Richard Wright  
661 SW 29TH AVE.  
FT. Lauderdale FL 33312

TITLE: MGR  
NAME: WRIGHT, EMMA  
STREET ADDRESS: 661 SW 29TH AVENUE  
CITY-ST-ZIP: FT LAUDERDALE, FL 33312

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: MGRM  
NAME: WRIGHT, RICHARD  
STREET ADDRESS: 661 SW 29TH AVENUE  
CITY-ST-ZIP: FT LAUDERDALE, FL 33312

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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

4/27/08

954-684-0754

Date

Daytime Phone #