

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005149

FILED
Jan 07, 2008
Secretary of State

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

Current Principal Place of Business:

2041 RAILROAD DRIVE
PO BOX 329
WILLOW SPRINGS, MO 65793

New Principal Place of Business:

2041 RAILROAD DRIVE
WILLOW SPRINGS, MO 65793

Current Mailing Address:

PO BOX 329
PO BOX 329
WILLOW SPRINGS, MO 657930329

New Mailing Address:

PO BOX 329
WILLOW SPRINGS, MO 657930329

FEI Number: 43-1611571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAFIN, PHILIP A
2226 EAST 5TH STREET
PANAMA CITY, FL 32401 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: MGR () Delete
Name: WILLIAMS, DAN
Address: 2041 RAILROAD DRIVE
City-St-Zip: WILLOW SPRINGS, MO 65793

Title: MGR () Delete
Name: GRISHAM, SAM
Address: 2041 RAILROAD DRIVE
City-St-Zip: WILLOW SPRINGS, MO 65793

Title: MGR () Delete
Name: GRISHAM, R. BRUCE
Address: 2041 RAILROAD DRIVE
City-St-Zip: WILLOW SPRINGS, MO 65793

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: DAN WILLIAMS

MGR

01/07/2008

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