

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90024 047 ***138.75

DOCUMENT # M07000004238

1. Entity Name
W INVESTMENT STRATEGIES, LLC



Principal Place of Business
**1 QUEEN CROSS STREET, 2ND FLOOR, STE B-C1
 CHRISTIANSTED, VI 00820**

Mailing Address
**1 QUEEN CROSS STREET, 2ND FLOOR, STE B-C1
 CHRISTIANSTED, VI 00820**

60009354



01082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1542722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOND, WILLIAM A
 25 W GOVERNMENT STREET
 PENSACOLA, FL 32502**

**DO NOT WRITE
 IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNT, CLARK K 1 QUEEN CROSS STREET, 2ND FLOOR, STE B-C1 CHRISTIANSTED, VI 00820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISSMAN, BARRETT N 1 QUEEN CROSS STREET, 2ND FLOOR, STE B-C1 CHRISTIANSTED, VI 00820
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 IN THIS SPACE**

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: *Clark Hunt* **2/13/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #