



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000024972	
1. Entity Name SLC INVESTMENTS LLC	

Principal Place of Business 4263 AVIAN AVE FORT MYERS, FL 33916 US	Mailing Address 10 WYMAN ST STOUGHTON, MA 02072 US
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0991565	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

PANICO, MICHAEL A
 931 PINEBAUGH ST
 ROCKLEDGE, FL 32955

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

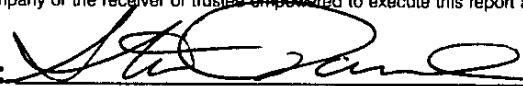
Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANICO, STEVEN M 10 WYMAN ST STOUGHTON, MA 02072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANICO, LINDA S 10 WYMAN ST STOUGHTON, MA 02072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANICO, CHRISTOPHER E 10 WYMAN ST STOUGHTON, MA 02072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/03/07-80005-005 50.00

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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:  **31907** **781 249 2619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #