

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062891

FILED
Apr 14, 2005
Secretary of State

Entity Name: MTL REAL ESTATE INVESTMENTS, LLC

Current Principal Place of Business:

1435-A COLLINGSWOOD BLVD.
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1435-A COLLINGSWOOD BLVD.
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-1581215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUR CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET - #1
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: POULSEN, LANCE K
Address: 4551 GRASY POINT BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGR () Change (X) Addition
Name: LYNCH, W T
Address: 395 GREEN DOLPHIN
City-St-Zip: CAPE HAZE, FL 33946 US

Title: MGR () Change (X) Addition
Name: REISCHMANN, MIKE
Address: 1895 IRMA RD.
City-St-Zip: EUSTIS, FL 32726 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LANCE K. POULSEN

MGRM

04/14/2005

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