2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016580

1. Entity Name
PROVIDENCE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
3911 ROCK HILL LOOP APOPKA, FL 32712	3911 ROCK HILL LOOP APOPKA, FL 32712

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07112007 Chg-LLC CR2E083 (12/06)
City & State	City & State	**4. FEI Number** 34-2038942 / Applied For / Not Applicable
Zip / Country	Zip / Country	**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
HABANADAS, SHIRLEY F 3911 ROCK HILL LOOP APOPKA, FL 32712	**Name** HABARADAS, SHIRLEY F. Street Address (P.O. Box Number is Not Acceptable) 3911 ROCK HILL LOOP City APOPKA, FL Zip Code 32712

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 _Habaradas_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 7/10/07

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGRM NAME HANANADAS, SHIRLEY F STREET ADDRESS 3911 ROCK HILL LOOP CITY-ST-ZIP APOPKA, FL 32712		☐ Delete	TITLE MGRM NAME HABARADAS, SHIRLEY F STREET ADDRESS 3911 ROCK HILL LOOP CITY-ST-ZIP APOPKA, FL 32712		☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _Habaradas_   7/10/07   (407) 949-4959

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