


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000099223

1. Entity Name
MASK INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address

**1029 DELACROIX CIRCLE
NOKOMIS, FL 34275** **P.O. BOX 1460
NOKOMIS, FL 34274**

DO NOT WRITE IN THIS SPACE



02202007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3653335	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

**LAUDENSLAGER, JOHN P
1029 DELACROIX CIRCLE
NOKOMIS, FL 34275**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

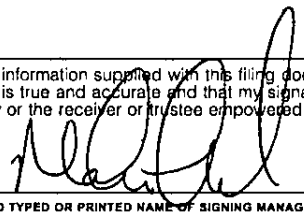
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03/12/07-80026-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AWWAD, MAHIR 129 PRAIRE MEADOW CT ST PETERS, MO 63304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHOURY, OSAMA M 3017 BRIDLE SPUR LANE ST CHARLES, MO 63303
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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:  **2-26-07** **314 496 5359**

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