


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000099223
 1. Entity Name
MASK INVESTMENTS, L.L.C.



| | |
|---|---|
| Principal Place of Business 1029 DELACROIX CIRCLE NOKOMIS, FL 34275 | Mailing Address P.O. BOX 1460 NOKOMIS, FL 34274 |
|---|---|

DO NOT WRITE IN THIS SPACE



03092008No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000873946
 04/10/08-80090-006 138.75

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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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

Sign Here
SIGNATURE:  **3-25-08** **636 916 0660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #