

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117235

FILED
Mar 12, 2007
Secretary of State

Entity Name: LOST CITY INVESTMENTS LLC

Current Principal Place of Business:

808 NW 12TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 430
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 20-4066067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOWELL, GREG
140 WEST DEL MONTE
CLEWISTON, FL 33440 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/MANAGERS:

Title: MGRM () Delete
Name: HOWELL, GREG
Address: 140 WEST DEL MONTE
City-St-Zip: CLEWISTON, FL 33430

Title: MGRM () Delete
Name: WALKER, LUAN
Address: 708 ROYAL PALM AVE
City-St-Zip: CLEWISTON, FL 33430

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GREG HOWELL

MGRM

03/12/2007

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