## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 20, 2006 08:00 AM Secretary of State

DOCUMENT # MO40000E400				<sub>i</sub> Secreta	iry of State	
DOCUMENT # M0400005409						
	NVESTMENTS, LLC	-			,	
Principal Plac	ce of Business	Mailing Address	<u> </u>			
(	Brook trail	239 CLEAR BROOK TRAIL				
DOUGLASVIL	LE, GA 30134	DOUGLASVILLE, GA 30134				
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DO NOT WRITE IN THIS SPA			02172006No Chg-LLC CR2E083 (11/05)		CD35003 (11/06)	
			CE	02112000140 City-CLC		
				4. FEI Number 20-1793943	Applied For Not Applicable	
					#E 00	
<u></u>			<del>,</del>	5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current	Registered Agent	{			
RASEY, CAROLYN 99 CIRCLE DRIVE NOKOMIS, FL 34275-1564			DO NOT WRITE			
						Tronconna, C. C. L. C. C. C.
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. It am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of regulared agent and little II applificable. (MOTE Registered Agent signature required when remataring)  DATE  1. THOTE Registered Agent signature required when remataring)						
Filing Fee is \$50.00 Due by May 1, 2006						
9.	MANAGING MEMBEI	RS/MANAGERS	r			
HILE	MGR		l			
HAMT	NOBLE, CAROL G		•			
STREET ADDRESS City-St-219	239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134			04/04/06-80036-018 58.00		
Tale	MGR		}	04/04/05~80	00367018 50.00	
NAME	COCHRAN, LOUISE B		Į.			
STREET ADDRESS	7910 SOUTH GILES ROAD		<u> </u>			
CITY-\$1-2/P	DOUGLASVILLE, GA 30135		i			
NAME			Ì			
STREET ADDRESS			(	DO NOT WE	\ 5 **P** <del>1 **</del>	
CITY+ST-ZIP	<u></u>		}	DO NOT WR	(III E	
1)1/E				IN THIS SPA	CE	
NAME STREET ADDRESS		I		017	-	
CITY-ST-ZIP						
TITLE			ł			

11. I hereby certify that the information supplied with this filling 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 faport as required by Chapter 608, Florida Statutes.

SIGNATURE:

GIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUSHORIZED REPRESENTATIVE

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

> 3-17-06 Date

420-26