

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076248

FILED
Apr 14, 2008
Secretary of State

Entity Name: MINX INVESTMENT COMPANY, LLC

Current Principal Place of Business:

371 CHANNELSIDE WALK WAY
1802
TAMPA, FL 33602 US

New Principal Place of Business:

11519 AERIE LANE
NAPLES, FL 34120 US

Current Mailing Address:

371 CHANNELSIDE WALK WAY
1802
TAMPA, FL 33602 US

New Mailing Address:

11519 AERIE LANE
NAPLES, FL 34120 US

FEI Number: 20-3254249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103 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: MGR () Delete
Name: DETTER, GERALD L
Address: 371 CHANNELSIDE WALK WAY, #1802
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: DETTER, IRIS F
Address: 371 CHANNELSIDE WALK WAY, #1802
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DETTER, GERALD L
Address: 11519 AERIE LANE
City-St-Zip: NAPLES, FL 34120 US

Title: MGR (X) Change () Addition
Name: DETTER, IRIS F
Address: 11519 AERIE LANE
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify 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: GERALD L DETTER

MGR

04/14/2008

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