

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000028

1. Entity Name  
SYMBIOSIS INVESTMENTS, LLC



Principal Place of Business  
1830 N MAIN ST  
JACKSONVILLE, FL 32206

Mailing Address  
1830 N MAIN ST  
JACKSONVILLE, FL 32206

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**



04112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2270507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

VAN HORN, CRAIG S  
1830 N MAIN ST  
JACKSONVILLE, FL 32206

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U00000757340  
05/23/07-80066-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN HORN, CRAIG S 1830 N MAIN ST JACKSONVILLE, FL 32206
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-27-07

904-994-3403