

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007427

FILED
Apr 12, 2006
Secretary of State

Entity Name: CORBIES INVESTMENTS, L.L.C.

Current Principal Place of Business:

1575 PINE RIDGE ROAD
14
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1575 PINE RIDGE ROAD
14
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-1021586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBETT, WILLIAM A MR.
7575 PELICAN BAY BOULEVARD
APT 501
NAPLES, FL 34108 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: CORBETT, JACQUELINE
Address: 7575 PELICAN BAY BOULEVARD, APT 501
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM () Delete
Name: CORBETT, WILLIAM A
Address: 7575 PELICAN BAY BOULEVARD, APT 501
City-St-Zip: NAPLES, FL 34108 US

Title: MGR () Delete
Name: PRIETO, CHRISTINA
Address: 1575 PINE RIDGE ROAD, UNIT 14
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

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: CHRISTINA PRIETO

MGR

04/12/2006

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