2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State
01-13-2006 90033 020 ****55.00

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01102006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
MARANATHA INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
8916 SOUTHBAY DRIVE TAMPA, FL 33615	8916 SOUTHBAY DRIVE TAMPA, FL 33615

2. Principal Place of Business	3. Mailing Address
6812 Barry Rd.	6812 Barry Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa - Florida	City & State: Tampa, Florida
Zip: 33634 Country: Hillsborough	Zip: 33634 Country: Hillsborough

4. FEI Number: 65-1061122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGNAULT, FERNANDO JOSE
8916 SOUTHBAY DRIVE
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 6812 Barry Rd.
City: Tampa FL Zip Code: 33634

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGNAULT, REBECA J 8916 SOUTHBAY DRIVE TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6812 Barry Rd. Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES REGNAULT, FERNANDO JOSE 8916 SOUTHBAY DRIVE TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6812 Barry Rd. Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] (Fernando J Regnault) 01/10/06 813-9666155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #