

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000353

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



Principal Place of Business
**1250 OSPREY COURT
MARCO ISLAND, FL 34145**

Mailing Address
**1250 OSPREY COURT
MARCO ISLAND, FL 34145**



03292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1088364

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROCHE, CHRISTOPHER A ESQUIRE
229 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U00000688268
04/10/07-80071-024 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINMAN, E. KELLY
STREET ADDRESS	1250 OSPREY COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	MGRM
NAME	LINMAN, JANICE K
STREET ADDRESS	1250 OSPREY COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *E. Kelly Linman*

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

Date

Daytime Phone #

3/29/07 239-394-2248