2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000353

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LINMAN INVESTMENTS, L.L.C.



FILED Feb 07, 2008 08:00 AN Secretary of State

Principal Place of Business

1250 OSPREY COURT MARCO ISLAND, FL 34145 Mailing Address

1250 OSPREY COURT MARCO ISLAND, FL 34145



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1088364 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, ar	nd accept
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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	
LILTE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ___

SIGNATURE AND TYPED OR PRINTED NAME OF MIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

2/5/08 239-394-9246

Daytime Phone #