2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT #L01000004722

1. Entity Name
THE 103 INV, L.L.C.

Principal Place of Business	Mailing Address
1740 EAST SILVER SPRINGS BLVD. OCALA, FL 34470	1740 EAST SILVER SPRINGS BLVD. OCALA, FL 34470

03102008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3707169
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PLUNKETT, JOHN
1740 EAST SILVER SPRINGS BLVD.
OCALA, FL 34470

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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)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PLUNKETT, JOHN
STREET ADDRESS	1740 EAST SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGR
NAME	PLUNKETT, KEVIN
STREET ADDRESS	1740 EAST SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGR
NAME	PLUNKETT, KATHLEEN
STREET ADDRESS	1740 EAST SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGR
NAME	PLUNKETT, PATRICK
STREET ADDRESS	1740 EAST SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000869164
04/09/08-80035-013 138.75

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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: _____ John Plunkett 3-10.08 352-671-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #