

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020158

Entity Name: L & L INVESTMENTS LLC

FILED  
Apr 04, 2006  
Secretary of State

**Current Principal Place of Business:**

101 WARWICK HILLS DR  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 WARWICK HILLS DR  
NAPLES, FL 34113 US

**New Mailing Address:**

FEI Number: 59-3757000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LORENZ, CHRISTOPHER M  
101 WARWICK HILLS DR  
NAPLES, FL 34113 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: MGR ( ) Delete  
Name: LORENZ, PETER  
Address: 1012 HUDSON RD  
City-St-Zip: KENT, OH 44240

Title: MGR ( ) Delete  
Name: THOBURN, SANDRA  
Address: 1420 JEWEL BOX AVE  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: LORENZ, CHRIS  
Address: 101 WARWICK HILLS DR  
City-St-Zip: NAPLES, FL 34113 US

**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: CHRIS LORENZ

PRES

04/04/2006

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