

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90586 041 ****50.00

DOCUMENT # L01000021443

1. Entity Name

LARNAN INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

957709

2. Principal Place of Business

12100 Palomino Lane

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

US

3. Mailing Address

9100 Penzance Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

US

4. FEI Number

03-0399886

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Larry R. Enck

Street Address (P.O. Box Number is Not Acceptable)

12100 Palomino Lane

City

Fort Myers

FL

Zip Code

33912

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Managing Member	Larry R. Enck	12100 Palomino Lane	Fort Myers, FL 33912				
Managing Member	Nancy A. Enck	12100 Palomino Lane	Fort Myers, FL 33912				

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nancy A. Enck*

Nancy A. Enck

4/26/02

(239) 225-0379

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

Date

Daytime Phone #