2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L02000006185

Entity Name: ALMARJO INVESTMENTS, L.C.

Current Principal Place of Business:

% ALFRED M. JOHNS
1 WOODLAND DR
PUNTA GORDA, FL 33982

New Principal Place of Business:

1 WOODLAND DR
PUNTA GORDA, FL 33982

Current Mailing Address:

% ALFRED M. JOHNS
1 WOODLAND DR
PUNTA GORDA, FL 33982

New Mailing Address:

1 WOODLAND DR
PUNTA GORDA, FL 33982

FEI Number: 04-3654132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNS, ALFRED M
1 WOODLAND DR
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

JOHNS, MARY ANNE
1 WOODLAND DR
PUNTA GORDA, FL 33982 US

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: MARY ANNE JOHNS 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNS, ALFRED
Address: I WOODLAND DR PRAIRIE CREEK ESTATES
City-St-Zip: PUNTA GORDA, FL 33982

Title: MGR (X) Delete
Name: JOHNS, MARY ANNE
Address: I WOODLAND DR PRAIRIE CREEK ESTATES
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JOHNS, MARY ANNE
Address: I WOODLAND DR
City-St-Zip: PUNTA GORDA, FL 33982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY ANNE JOHNS MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date