

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000011252

1. Entity Name
MEDLOCK INVESTMENTS, LLC



Principal Place of Business
**4131 BOCA POINTE DRIVE
SARASOTA, FL 34238**

Mailing Address
**4131 BOCA POINTE DRIVE
SARASOTA, FL 34238**

**FILED
Mar 19, 2007 08:00 AM
Secretary of State**



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1539669	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MEDLOCK, JESSE
4131 BOCA POINTE DRIVE
SARASOTA, FL 34238**

**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, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**UD00000671770
03/28/07-80042-016 50.00**

9. MANAGING MEMBERS/MANAGERS

**TITLE: MGRM
NAME: MEDLOCK, JESSE
STREET ADDRESS: 4131 BOCA POINTE DRIVE
CITY-ST-ZIP: SARASOTA, FL 34238**

**TITLE: MGRM
NAME: MEDLOCK, SHIRLEY
STREET ADDRESS: 4131 BOCA POINTE DRIVE
CITY-ST-ZIP: SARASOTA, FL 34238**

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

**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:

Jesse Medlock

3/14/07 941-371-6520

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

Date

Daytime Phone #