

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000019885
1. Entity Name
LT INVESTMENTS L.L.C.



Principal Place of Business
28492 DEL LAGO WAY
BONITA SPRINGS, FL 34135

Mailing Address
28492 DEL LAGO WAY
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE



07072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent
ULRICH, THERESA
28492 DEL LAGO WAY
BONITA SPRINGS, FL 34135

**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 _____ (NOTE: Registered Agent signature required when re-stating)
Signature, typed or printed name of registered agent and title if applicable

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ULRICH, THERESA 28492 DEL LAGO WAY BONITA SPRINGS, FL 34135
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08/09/05-80001-005 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **8/3/05** **239992230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #