2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022991

Entity Name

SHERLOCK HOME INVESTMENTS LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2549 BAY POINTE DRIVE WESTON, FL 33327

2549 BAY POINTE DRIVE WESTON, FL 33327



DO NOT WRITE IN THIS SPACE

03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0425014

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERLOCK, KARLENE 2549 BAY POINTE DRIVE WESTON, FL 33327

STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP

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 stoneture required when reinstating) DATE				
	Signature, typed or printed name or registered agent and tipe it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY - ST-ZIP	P SHERLOCK, KARLENE A 2549 BAY POINTE DR. WESTON, FL 33327		U00000883320 04/17/08-80019-005 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE	
TITLE				

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: X C

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

X4/X/08

954-534-3555

Davtime Phone #