2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025118

1. Entity Name
T-N-T INVESTMENTS, LLC



FILED Apr 06, 2007 08:00 A Secretary of State

Principal Place of Business

860 SE 28TH AVE. OCALA, FL 34471 Mailing Address

860 SE 28TH AVE. OCALA, FL 34471



DO NOT WRITE IN THIS SPACE

01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3655906 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BULLARD, J. WARREN 18 NW THIRD AVENUE OCALA, FL 34475

DO NOT WRITE IN THIS SPACE

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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 registored agent and title if applicable (NOTE: Registered Agent algenture required when reinstating) DATE		
Filing Fee Is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	1
NAME	FULFORD, TAUNA B	U00000693169
STREET ADDRESS	860 S.E. 28TH AVENUE	04/16/07-80029-086 50.00
CITY-ST-ZIP	OCALA, FL 34471	0 17 107 01 00020 000 00100
TITLE	MGRM	
NAME	FULFORD, TILLMAN L	
STREET ADDRESS	860 SOUTHEAST 28TH AVENUE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WKITE
TITLE	*	IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE]
NAME		
STREET ADDRESS		

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

JRE: JOULD JULY SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-4-07

352-351-2221

Daytime Phone #