

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000025282

1. Entity Name  
MS INVESTMENTS, L.L.C.



Principal Place of Business

457 LAKE HOWELL ROAD  
MAITLAND, FL 32751

Mailing Address

457 LAKE HOWELL ROAD  
MAITLAND, FL 32751



04212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3701967

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STARKEY, KARLA H  
457 LAKE HOWELL RD  
MAITLAND, FL 32751

**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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME STARKEY, KARLA H  
STREET ADDRESS 457 LAKE HOWELL ROAD  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE MGR  
NAME MARGIO, NINA H  
STREET ADDRESS 457 LAKE HOWELL ROAD  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE MGR  
NAME STARKEY, CRAIG D  
STREET ADDRESS 457 LAKE HOWELL ROAD  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE MGR  
NAME MARGIO, JOSEPH A  
STREET ADDRESS 457 LAKE HOWELL ROAD  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000331947  
04/26/05-80031-017 50.00

**DO NOT WRITE  
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:

*Karla H Starkey*

*4/22/05*

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

Date

Daytime Phone #