

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 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**

DO NOT WRITE IN THIS SPACE



04192006 No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

1000000533315
05/06/06-80119-003 50.00

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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 603, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

Nina H Margio **NINA H MARGIO** 4/20/06 407-571-4080