

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
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**



01152008No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000900876
04/29/08-80047-010 138.75

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #