


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90198 001 \*\*\*\*\*5.00  
03-30-2006 90198 002 \*\*\*\*\*50.00

**DOCUMENT # L02000032889**

1. Entity Name  
**FORMATUS INVESTMENTS, LLC**




Principal Place of Business  
**9521 SOUTH ORANGE BLOSSOM TRAIL, #102  
ORLANDO, FL 32837**

Mailing Address  
**7932 WESTMINSTER ABBEY BLVD.  
ORLANDO, FL 32835**

2. Principal Place of Business  
**6000 TURKEY LAKE RD.  
SUITE 200  
ORLANDO, FL  
32819**

3. Mailing Address  
**20 N. ORANGE AVE.  
SUITE 600  
ORLANDO, FL  
32801**



01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**46-0511139**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DRUMMOND, DOWER W  
7932 WESTMINSTER ABBEY BLVD.  
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent  
Name  
**HENDRY, STONER, CALANDRINO + BROWN, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**20 N. ORANGE AVE.  
SUITE 600  
ORLANDO, FL 32801**

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.  
**HENDRY, STONER, CALANDRINO + BROWN, P.A.**

SIGNATURE **[Signature]** DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DRUMMOND, DOWER W 7932 WESTMINSTER ABBEY BLVD. ORLANDO, FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** **03/08/06** **407/353-0333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #