


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000001727	
1. Entity Name CARLOS INVESTMENTS, L.L.C.	

Principal Place of Business 8011 NORTH HIMES AVENUE TAMPA, FL 33614	Mailing Address 8011 NORTH HIMES AVENUE TAMPA, FL 33614
---	---

DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1671113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	000000659775 03/16/07-80043-023 50.00
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, CARLOS M 8011 NORTH HIMES AVENUE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Carlos M. Lopez **1-23-07 813(935-3000)**

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