2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000003624

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

OYER INVESTMENTS, LLC



FILED Jan 27, 2006 08:00 AN Secretary of State

Daytone Phone #

Principal Place of Business

1094 RUPPERT ROAD MARCO ISLAND, FL 34145 Mailing Address

1094 RUPPERT ROAD MARCO ISLAND, FL 34145

US



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 01192006 No Chg-LLC

5.	Certificate of Status Desired	\$5.00 Fee Req	Additional uired
	65-1172127		Not Applicable
4.	FEI Number		Applied For

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G ESQ. 247 NORTH COLLIER BOULEVARD SUITE 202 MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chations of registered agent.	anging its registers	ed office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or presed name of registered agent and title if applicable.	(MOTE: Boundary)	Agent agreeare required when reinstating)	DATE
	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Hegistered	Agent agrance requires when remaining)	DATE.
Fi D	iling Fee is \$50.00 ue by May 1, 2006		no	U00000404023 406,406-80030-012-50.00
9.	MANAGING MEMBERS/MANAGERS			- TOURS ON TO A TRANSPORTING
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYER, STEVEN D 1094 RUPPERT ROAD MARCO ISLAND, FL 34145			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREFT ADDRESS CITY-SI-ZIP			DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE