2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED May 03, 2007 08:00 AM Secretary of State		M
1. Entity Name	<b>1ENT # L0300000</b> IVESTMENTS, L.L.C.	6792		Secretary of State		
Principal Place of Business     Mailing Address       2460 PINE CONE PK.     2460 PINE CONE PK.       WAUCHULA, FL 33873     WAUCHULA, FL 33873					I	
6. Name and Address of Current Registered Agent			CE	04202007 No Chg-LLC 4. FEI Number 20-0068800 5. Certificate of Status Desired	CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required	
MCKIBBEN, 105 S 6TH A WAUCHULA	JEFF J VENUE #1	nt Registered Agent				!
the obligation SiGNATURE Si SiGNATURE Si Si Si Si Duc	ns of registered agent. gneture: typed or printed name of registered age ng Fee is \$50.00 5 by May 1, 2007	nt and title if applicable (NOTE: Register	ed Agent signature required	• · ·		
NAME C STREET ADDRESS 2 CITY-ST-ZIP V TITLE N NAME C	MANAGING MEMI MGR BROSU, DUMITRU 2460 PINE CONE PK. WAUCHULA, FL 33873 MGR BROSU, CONSTANTA	3ERS/MANAGERS		U00000760159 05/25/07-80001-010		
	2460 PINE CONE PK. WAUCHULA, FL 33873			4. FEI Number       Applied For         20-0068800       Not Applicable         5. Certificate of Status Desired       \$5.00 Additional Fee Required         DO NOT WRITE IN THIS SPACE         ered agent, or both, in the State of Florida. 1 am familiar with, and accept	ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied w	ith this filing does not qualify for the e	xemptions contained	d in Chapter 119, Florida Statutes.	I further certify that the information	
SIGNATU	RE: Our the	nd that my signature shall have the sa tee empowered to execute this report Current of signing Managing Member, OR AUTHORIZ		04/28/07	<u> 863 - 773 - 3483</u>	

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