

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000014487

1. Entity Name
LOONAM INVESTMENT ENTERPRISES, LLC



Principal Place of Business
**C/O JAMES R. LOONAM
3070 FORT CHARLES DR.
NAPLES, FL 34102**

Mailing Address
**C/O JAMES R. LOONAM
3070 FORT CHARLES DR.
NAPLES, FL 34102**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0779106

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOONAM, JAMES R
3070 FORT CHARLES DRIVE
NAPLES, FL 34102**

**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
MGR
NAME
LOONAM, JAMES R
STREET ADDRESS
3070 FORT CHARLES DR.
CITY-ST-ZIP
NAPLES, FL 34102

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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01/09/08-80047-003 143.75

**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: James R. Loonam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES R. LOONAM

1/4/2008 239-434-5958
Date Daytime Phone #