


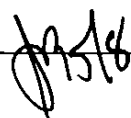
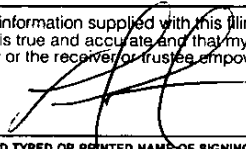


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000017504</b> 1. Entity Name <b>FINN INVESTMENTS, L.L.C.</b>						<b>FILED</b> <b>07 APR 30 AM 10: 00</b> FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>12270 COCONUT CREEK COURT</b> <b>FORT MYERS, FL 33908 US</b>				Mailing Address <b>12270 COCONUT CREEK COURT</b> <b>FORT MYERS, FL 33908 US</b>			
2. Principal Place of Business - No P.O. Box # <b>9701 COMMERCIAL CENTER CT</b>		3. Mailing Address <b>9701 COMMERCIAL CENTER CT</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04172007 Chg-LLC CR2E083 (12/06)			
City & State <b>FT MYERS FL</b>		City & State 		4. FEI Number <b>81-0613351</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33908</b>		Country <b>USA</b>		Zip 		Country 	
6. Name and Address of Current Registered Agent <b>FINN, MATTHEW T</b> <b>12270 COCONUT CREEK COURT</b> <b>FORT MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <b>4-20-07</b>			
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINN, MATTHEW T 12270 COCONUT CREEK COURT FORT MYERS, FL 33908 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	200103009922 05/22/07--01021--003 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINN, FIONA 12270 COCONUT CREEK COURT FORT MYERS, FL 33908 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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		
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: 				DATE <b>4-20-07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	