

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017504 1. Entity Name FINN INVESTMENTS, L.L.C.	
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FILED
07 APR 30 AM 10: 00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



Principal Place of Business 12270 COCONUT CREEK COURT FORT MYERS, FL 33908 US	Mailing Address 12270 COCONUT CREEK COURT FORT MYERS, FL 33908 US
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2. Principal Place of Business - No P.O. Box # 9701 COMMERCE CENTER CT	3. Mailing Address 9701 COMMERCE CENTER CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172007 Chg-LLC CR2E083 (12/06)

City & State FT MYERS FL	City & State	Zip 33908	Country USA
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4. FEI Number 81-0613351	Applied For <input type="checkbox"/> Not Applicable
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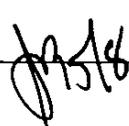
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FINN, MATTHEW T 12270 COCONUT CREEK COURT FORT MYERS, FL 33908		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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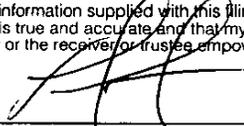
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **4-20-07**

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM FINN, MATTHEW T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12270 COCONUT CREEK COURT	NAME	200103009922
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	05/22/07--01021--003 **300.00
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINN, FIONA	NAME	
STREET ADDRESS	12270 COCONUT CREEK COURT	STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33908	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: **4-20-07**

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