

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000021436

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** OVAL OFFICE INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

166 KEY HEIGHTS DRIVE  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

166 KEY HEIGHTS DRIVE  
TAVERNIER, FL 33070

**New Mailing Address:**

P.O BOX 9570  
166 KEY HEIGHTS DRIVE  
TAVERNIER, FL 33070

**FEI Number:** 20-0040822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHUTTE, MICHAEL D  
166 KEY HEIGHTS DR.  
TAVERNIER, FL 33070 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCHUTTE, MICHAEL D  
**Address:** 166 KEY HEIGHTS DRIVE  
**City-St-Zip:** TAVERNIER, FL 33070

**Title:** MGRM  
**Name:** SCHUTTE, PAMELA J  
**Address:** 166 KEY HEIGHTS DRIVE  
**City-St-Zip:** TAVERNIER, FL 33070

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** PAMELA J SCHUTTE

MGMR

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date