2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026477

1. Entity Name

GARRINGER INVESTMENTS, LLC

FILED Jan 11, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6700 SOUTH FLORIDA AVENUE

PO BOX 7271

SUITE 21 LAKELAND, FL 33813 LAKELAND, FL 33807-7271



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0099602

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRINGER, GILBERT 875 ASHTON OAKS CIRCLE LAKELAND, FL 33813

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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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 U00000582043 01/11/07-80016-001 50.00

MANAGING MEMBERS/MANAGERS 9. TITLE MGR GARRINGER, GILBERT NAME STREET ADDRESS PO BOX 7271 CITY-ST-ZIP LAKELAND, FL 338077271 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/07

Daytime Phone #