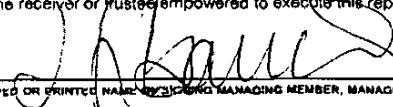


FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90039 041 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000029900					
1. Entity Name BAROUDI INVESTMENTS, LLC					
Principal Place of Business 2 TROPICANA DR. PUNTA GORDA, FL 33950			Mailing Address BAROUDI C/O LOROCERO, GROSSLAND, ET AL. 3005 CARING WAY PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0186754	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ FARR, FARR, EMERICH, ET AL 99 NESBIT ST. PUNTA GORDA, FL 33950-3636				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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	MGR BAROUDI, ISSA F 2 TROPICANA DRIVE PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  4/23/07 911 2353157					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60040360



04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0186754Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

Filing Fee is \$50.00
Due by May 1, 2007Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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SIGNATURE:

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

Date

City/State/Zip