

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 09, 2007  
Secretary of State**

DOCUMENT# L03000031574

Entity Name: T.H.E. INDEPENDENT INVESTMENTS, LLC

**Current Principal Place of Business:**

3411 TAMIAMI TRAIL N  
#204  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

3411 TAMIAMI TRAIL N.  
#204  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 55-0838466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HICKS, SHIRLEY  
3411 TAMIAMI TRAIL N  
#204  
NAPLES, FL 34103 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 ( ) Delete  
Name: HICKS, SHIRLEY  
Address: 3411 TAMIAMI TRAIL N STE 204  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: TOUPIN, P.A., CAROL  
Address: 3411 TAMIAMI TRAIL N STE 204  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: EDMONDS, DEBRA  
Address: 3411 TAMIAMI TRAIL N STE 204  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHIRLEY A HICKS

OWN

03/09/2007

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