2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# L03000031938

Entity Name: MTL INVESTMENTS, LLC

Current Principal Place of Business:

1435 COLLINGSWOOD AVENUE, SUITE A
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 494661
PORT CHARLOTTE, FL 339494661

New Mailing Address:

FEI Number: 56-2387257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, PHILLIP J ESQ
WILKINS, FROHLICH, JONES, ET. AL
18501 MURDOCK CIRCLE, 6TH FLOOR
PORT CHARLOTTE, FL 33948 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/MEMBERS:

Title: MGR ( ) Delete
Name: LYNCH, W. TERRY
Address: 395 GREEN DOLPHIN
City-St-Zip: CAPE HAZE, FL 33946

Title: MGR ( ) Delete
Name: REISCHMANN, MIKE
Address: 1895 IRMA RD
City-St-Zip: EUSTIS, FL 32726

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: K.U.L.D. PARTNERS, L, LC
Address: 1435-B COLLINGSWOOD BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE REISCHMANN MGR 02/03/2005

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