

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031938

Entity Name: MTL INVESTMENTS, LLC

FILED
Apr 11, 2007
Secretary of State

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:

2625 TAMiami TR.
UNIT 4
PORT CHARLOTTE, FL 33952

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/MANAGERS:

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

Title: MGRM () Delete
Name: REISCHMANN, MICHAEL J
Address: 1895 IRMA RD
City-St-Zip: EUSTIS, FL 32726

Title: MGRM () Delete
Name: POULSEN, LANCE K
Address: 4551 GRASSY POINT BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

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: W. TERRY LYNCH

MGRM

04/11/2007

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