


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000042990
 1. Entity Name
 27 INVESTMENTS, LLC



Principal Place of Business Mailing Address
 4570 ORANGE BLVD. P.O. BOX 470264
 LAKE MONROE, FL 32747 LAKE MONROE, FL 32747



04142005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0639173	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOOD, MICHAEL J
 4570 ORANGE BLVD.
 LAKE MONROE, FL 32747

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOOD, MICHAEL J 1885 W. LAKE MARY BLVD. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERS, NOV 3600 THOMPSON RD. LAKE MARY, FL 32746
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 04/19/05-80033-005 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nov Rivers* 4-14-05 407-301-2773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #