


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000042990  
 1. Entity Name  
 27 INVESTMENTS, LLC



Principal Place of Business 4570 ORANGE BLVD. LAKE MONROE, FL 32747	Mailing Address P.O. BOX 470264 LAKE MONROE, FL 32747
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03212006 No Chg-LLC CR2E083 (1/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0639173	Applied For Not Applicable
5. Certificate of Status Desired <input 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) DATE


**Filing Fee is \$50.00  
 Due by May 1, 2006**

B. 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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 04/11/06-80077-005 50.00

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

Date \_\_\_\_\_  
 Company Phone # \_\_\_\_\_