

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 047 ****50.00



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| 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 | | | |
| 2. Principal Place of Business - No P.O. Box # 1590 Bobby Lee Point Suite, Apt. #, etc. | | 3. Mailing Address 1590 Bobby Lee Point Suite, Apt. #, etc. | | | |
| City & State Sanford, FL | | City & State Sanford, FL | | 4. FEI Number 81-0639173 | |
| Zip 32771 | | Country USA | | 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1590 Bobby Lee Point City Sanford FL Zip Code 32771 | | |
| 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 | | Michael J. Good | | 2/19/07 | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOOD, MICHAEL J 1885 W. LAKE MARY BLVD. LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RIVERS, NOV 3600 THOMPSON RD. LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: | | Michael J. Good | | 2/19/07 407-330-7022 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |

