FILED Mar 11, 2005 8:00 am Secretary of State 02-11-2005 90135 031 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400008461 1. Entity Name LDC INVESTMENTS, LLC							
Principal Place of Business Mailing Address 11708 NORTH ORANGE GROVE DRIVE 11708 NORTH ORANGE GI TAMPA, FL 33618 TAMPA, FL 33618			GROVE DRIVE		3000		ERL M LTDA
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #		il. #, BtC.		01062005	Chg-LLC	CR2E083 (10/03)	
City & State	City & State	ry & State		4. FEI Number	20-24	<i>JOJIY</i> 1111	plied For ('Applicable
Zip Country	Zip Country		ny	Certificate of Status Desired			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
AYLWARD, ROBERT E 600 S. MAGNOLIA AVE., SUITE 100 TAMPA, FL 33606		ļ	Street Address (P.O. Box Number is Not Acceptable)				
			City			EI Zip Code	<u></u>
• The shows around entire a provide this supremont	for the purpose of chancing its	maistara	·	!	in the State of Sto		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or portiod name of registered agent and late if applicable. (NOTE: Registered Agent agenture required when remissions) OATE							
Filing Fee is \$50.00 Due by May 1, 2005						e check payable to Department of State	•
9. MANAGING MEME	BERS/MANAGERS	10.		1_	ADDITIONS/	CHANGES	
TITLE MEMBER NAME STREET ADDRESS LOTY J CO:	Detate	HAME				Change	☐ Addition
an-si-er 11708 orange brove DC			51-ZP	·			
STREET ADDRESS CITY-ST-ZIP 11708 Orange Brown DT TITLE MAME STREET ADDRESS TO SL 33618 Oekte			ET ADDRESS	٠.		☐ Change	Addition .
CITY-S1-ZIP	- 2IP Delete					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			ET ACORESS	-			
TITLE NAME STREET ADDRESS CITY-S1-ZP	☐ Detate					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Detate					☐ Change	Addition
TITLE NAME STREET ADDRESS CLTY-ST-72P	☐ Delsta					☐ Change	☐ Addition





Federal Tax ID / EIN

This is your provisional Employer Identification Number:

1

20-2456514

Today's Date is: March 08, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday -Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4

Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.