


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 045 ****50.00

DOCUMENT # L04000010395	
1. Entity Name ARBOR INVESTMENTS, LLC	

Principal Place of Business 4449 COMANCHE TRAIL BLVD. JACKSONVILLE, FL 32259	Mailing Address 4449 COMANCHE TRAIL BLVD. JACKSONVILLE, FL 32259
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2. Principal Place of Business 1817 LONG CYPRESS COURT	3. Mailing Address 1817 LONG CYPRESS COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32223	Zip 32223
Country USA	Country USA



01152006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0715698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RUSHING, ROBERT K 1515 RIVERSIDE AVE., SUITE A JACKSONVILLE, FL 32259	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANAZO, JESSE		NAME MANALO, JESSE	
STREET ADDRESS 4449 COMMCHIE TRAIL BLVD		STREET ADDRESS 1817 LONG CYPRESS COURT	
CITY-ST-ZIP JACKSONVILLE, FL 32259		CITY-ST-ZIP JACKSONVILLE, FL 32223	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANAZO, LARA		NAME MANALO, LARA	
STREET ADDRESS 4449 COMMCHIE TRAIL BLVD		STREET ADDRESS 1817 LONG CYPRESS COURT	
CITY-ST-ZIP JACKSONVILLE, FL 32259		CITY-ST-ZIP JACKSONVILLE, FL 32223	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **JESSE R. MANALO** **1/17/06** **(904) 813-9867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #