2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Jan 09, 2006 08:00 AN

DOCUMENT # L04000016809 1. Entity Name FLORIDA INVESTMENTS, LLC				Secretary of State	
Principal Place of Business Mailing Address 20020 VETERANS BLVD, UNIT #22 20020 VETERANS BLVD, UNIT #22 PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33954			#22		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01052006No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required	
CUGINI, DANIEL M 20020 VETERANS BLVD. #22 PORT CHARLOTTE, FL 33954				DO NOT WRITE IN THIS SPACE	
the obligat	s named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered point a liling Fee is \$50.00 ue by May 1, 2006	= DANIEC M	٠,	red agent, or both, in the State of Florida. I am familiar with, and accept MG. Member 1/5/46 i when reinstating) DATE	
9. INLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM CUGINI, DANIEL M 20020 VETERANS BLVD. #22 PORT CHARLOTTE, FL 33954 MGRM WEILER, R. JEFF 20020 VETERANS BLVD. #22 PORT CHARLOTTE, FL 33954	RS/MANAGERS		01/11/06-80017-022 SU.OU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date Date Despires Phone #					