

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016904

Entity Name: LATINA INVESTMENTS LLC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

2717 BUCKHORN OAKS DRIVE
VALRICO, FL 33594 US

New Principal Place of Business:

1401 VALRICO LAKE ROAD
VALRICO, FL 33594 US

Current Mailing Address:

2717 BUCKHORN OAKS DRIVE
VALRICO, FL 33594 US

New Mailing Address:

1401 VALRICO LAKE ROAD
VALRICO, FL 33594 US

FEI Number: 20-0874652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, SCOTT F
200 S HOOVER, #201-140
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COFFEY, MATTHEW
Address: 2717 BUCKHORN OAKS DR
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: COFFEY, LORRAINE
Address: 2717 BUCKHORN OAKS DR
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COFFEY, MATTHEW
Address: 1401 VALRICO LAKE ROAD
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM (X) Change () Addition
Name: COFFEY, LORRAINE
Address: 1401 VALRICO LAKE ROAD
City-St-Zip: VALRICO, FL 33594 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORRAINE COFFEY

MGR

04/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date