

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90192 034 \*\*\*\*50.00

<b>DOCUMENT # L04000019715</b>					
<b>1. Entity Name</b> INVESTMENT UNLIMITED, LLC					
<b>Principal Place of Business</b> 4901 VINELAND RD, STE 340 ORLANDO, FL 32811			<b>Mailing Address</b> 4901 VINELAND RD, STE 340 ORLANDO, FL 32811		
<b>2. Principal Place of Business - No P.O. Box #</b> 6996 Piazza Grande Avenue		<b>3. Mailing Address</b> 6996 Piazza Grande Avenue			
Suite, Apt. #, etc. <b>Suite 311</b>		Suite, Apt. #, etc. <b>Suite 311</b>			
City & State Orlando, Florida		City & State Orlando, Florida			
Zip 32835	Country	Zip 32835	Country	<b>4. FEI Number</b> 83-0407928	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  HILL, GRANT 4901 VINELAND ROAD SUITE 340 ORLANDO, FL 32811			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 6996 Piazza Grande Avenue Suite 311 City Orlando <span style="float: right;">FL</span> Zip Code 32835		
<b>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.</b>  SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, GRANT 4901 VINELAND ROAD, SUITE 340 ORLANDO, FL 32811	<input type="checkbox"/> Delete <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6996 Piazza Grande Avenue, Suite 311 Orlando, FL 32835	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <span style="float: right;">2/15/07</span> <small>Daytime Phone #</small>					