

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Dec 07, 2005  
Secretary of State**

DOCUMENT# L04000021226

Entity Name: STREAMLINED INVESTMENTS, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

909 RWALINGS CIR  
LUTZ, FL 33549 US

**Current Mailing Address:**

**New Mailing Address:**

909 RWALINGS CIR  
LUTZ, FL 33549

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ENCINOSA, ALEX L  
909 RWALINGS CIR  
LUTZ, FL 33549 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: TEN TALENTS INVESTME, NTS, LLC  
Address: 4323 15TH WAY  
City-St-Zip: PALMETTO, FL 34221 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: MUSTARD SEED INVESTM, ENTS, LLC  
Address: 909 RAWLINGS CIRCLE  
City-St-Zip: LUTZ, FL 33549 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Delete  
Name: HOPP, SCOTT J  
Address: 4316 14TH ST. CIR. W.  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOWARD TODD MCKINNIS

MGRM

12/07/2005

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