

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90136 026 ****50.00

DOCUMENT # L04000022831

1. Entity Name
RECOVERY INVESTMENTS, LLC



Principal Place of Business
**6308 4TH AVENUE NORTHWEST
 BRADENTON, FL 34209**

Mailing Address
**6308 4TH AVENUE NORTHWEST
 BRADENTON, FL 34209**

2. Principal Place of Business
9010 58th Dr. E

3. Mailing Address
Same

Suite, Apt., #, etc.
Suite 100

Suite, Apt., #, etc.
 (blank)

City & State
Bradenton FL

City & State
 (blank)

Zip
34202

Country
USA

Zip
 (blank)

Country
 (blank)



01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
57-1202513

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, G. JOSEPH
 1206 MANATEE AVENUE WEST
 BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name
 (blank)

Street Address (P.O. Box Number is Not Acceptable)
 (blank)

City
FL

Zip Code
 (blank)

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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENTON, JOHN M 6308 4TH AVENUE NORTHWEST BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENTON, LAURIE S 6308 4TH AVENUE NORTHWEST BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Laurie S Denton 2/28/06 941-757-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #