

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036802

Entity Name: MSA INVESTMENTS, LLC

FILED
Feb 05, 2006
Secretary of State

Current Principal Place of Business:

211 SW 129TH TERRACE
TIOGA, FL 32669

New Principal Place of Business:

11887 SUELLEN CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

211 SW 129TH TERRACE
TIOGA, FL 32669

New Mailing Address:

9989 NW 21ST AVENUE
GAINESVILLE, FL 32606

FEI Number: 47-0941078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUSTINE, MICHAEL S
211 SW 129TH TERRACE
TIOGA, FL 32669 US

Name and Address of New Registered Agent:

AUGUSTINE, MICHAEL S
11887 SUELLEN CIRCLE
WELLINGTON, FL 33414 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: MICHAEL S AUGUSTINE

02/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AUGUSTINE, MICHAEL S
Address: 211 SW 129TH TERRACE
City-St-Zip: GAINESVILLE, FL 32669

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AUGUSTINE, MICHAEL S
Address: 11887 SUELLEN CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Change (X) Addition
Name: BEERY, BEAU
Address: 9989 NW 21ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606 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: MICHAEL S AUGUSTINE

MGRM

02/05/2006

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