

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000036802

FILED
Feb 13, 2006
Secretary of State**Entity Name:** MSA INVESTMENTS, LLC**Current Principal Place of Business:**11887 SUELLEN CIRCLE
WELLINGTON, FL 33414**New Principal Place of Business:****Current Mailing Address:**9989 NW 21ST AVENUE
GAINESVILLE, FL 32606**New Mailing Address:**11887 SUELLEN CIRCLE
WELLINGTON, FL 33414**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
11887 SUELLEN CIRCLE
WELLINGTON, FL 33414 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: AUGUSTINE, MICHAEL S
Address: 11887 SUELLEN CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US**Title:** MGRM (X) Delete
Name: BEERY, BEAU
Address: 9989 NW 21ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 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

02/13/2006

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