


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90004 007 ***138.75

DOCUMENT # L04000042755	
1. Entity Name LTM INVESTMENTS, LLC	

Principal Place of Business 14656 PLUMOSA DRIVE JACKSONVILLE, FL 32250 US	Mailing Address PO BOX 56586 JACKSONVILLE, FL 32241 US
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07242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1212477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCLERREN, ADRIANA 14656 PLUMOSA DRIVE JACKSONVILLE, FL 32250

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.

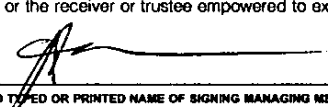
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLERREN, TODD 14656 PLUMOSA DRIVE JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLERREN, ADRIANA 14656 PLUMOSA DRIVE JACKSONVILLE, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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