FILED
May 12, 2005 8:00 am
Secretary of State
04-13-2005 90217 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000043925

1. Entity Name
FLYNT INVESTMENTS, LLC

Principal Place of Business	Mailing Address
~~% ROBERT S. WILLIAMS, ESQUIRE~~ ~~100 S. ASHLEY DR., SUITE 1500~~ ~~TAMPA, FL 33602~~	~~% ROBERT S. WILLIAMS, ESQUIRE~~ ~~100 S. ASHLEY DR., SUITE 1500~~ ~~TAMPA, FL 33602~~

03102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7118 N. Habana Avenue	7118 N. Habana Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33614 Country: USA	Zip: 33614 Country: USA

4. FEI Number: 20-1233122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WILLIAMS, ROBERT S~~ ~~100 S. ASHLEY DR., SUITE 1500~~ ~~TAMPA, FL 33602~~	Name: Phillip D. Hurley Street Address (P.O. Box Number is Not Acceptable): 7118 N. Habana Avenue City: Tampa FL Zip Code: 33614

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 [signature] 3/10/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT TREASURER Phillip D Hurley 7118 N. Habana Avenue Tampa, FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VICE PRES. SECRETARY Maryann T. Hurley 7118 N. Habana Avenue Tampa, FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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] 3/10/05 (813) 931-3102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #