


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000046000</b> 1. Entity Name VOIGT INVESTMENTS, LLC	
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Principal Place of Business 2042 BEE RIDGE ROAD SARASOTA, FL 34239	Mailing Address 2042 BEE RIDGE ROAD SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1265875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  VOIGT, STEPHEN F 2042 BEE RIDGE ROAD SARASOTA, FL 34239
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOIGT, STEPHEN F SR 2042 BEE RIDGE ROAD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOIGT, STEPHEN F JR 2042 BEE RIDGE ROAD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOIGT, MICHAEL R 2042 BEE RIDGE ROAD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UG00000332474  
05/22/08-80055-022 138.75

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IN THIS SPACE**

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 4/25/08 Daytime Phone # \_\_\_\_\_