2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-10-2005 90193 043 ****50.00

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1. Entity Name
EARTH SIGNS INVESTMENTS, LLC

30001303

02052005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1384 HYDE PARK DRIVE PORT ORANGE, FL 32128	1384 HYDE PARK DRIVE PORT ORANGE, FL 32128

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1325407 ☐ 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
INFANTOLINO, THOMAS 1384 HYDE PARK DRIVE PORT ORANGE, FL 32128	Name: Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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] 2/5/05
(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: 1/3 Owner INFantolino, Thomas W. 1384 Hyde Park Dr. Port Orange, Fl. 32128	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition: Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete: 1/3 Owner Engler, Keith 460 Granada St. New Smyrna Bch Fl. 32169	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition: Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete: 1/3 Owner Farrussio, Philip A. 961 S. Lakewood Terrace Port Orange Fl. 32127	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition: President
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

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] 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #