


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90039 005 ***138.75

DOCUMENT # L04000046780 1. Entity Name EARTH SIGNS INVESTMENTS, LLC					
Principal Place of Business 982 SMOKERISE BOULEVARD PORT ORANGE, FL 32127			Mailing Address 982 SMOKERISE BOULEVARD PORT ORANGE, FL 32127		
2. Principal Place of Business - No P.O. Box # 961B S. Lakewood Terrace		3. Mailing Address 961B S. Lakewood Terrace			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port Orange, FL		City & State Port Orange FL		4. FEI Number 20-1325407	
Zip 32127		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INFANTOLINO, THOMAS 982 SMOKERISE BOULEVARD PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name Philip A. Farruggio Street Address (P.O. Box Number is Not Acceptable) 961B S. Lakewood Terrace City Port Orange FL Zip Code 32127			
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 Philip A. Farruggio DATE 8/18/08 <small>Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INFANTOLINO, THOMAS W 982 SMOKERISE BOULEVARD PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vic Mohl 612 Westfield Avenue Westfield, NJ 07090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGLER, KEITH 460 GRANADA STREET NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRUGGIO, PHILIP A 961 "B" S LAKEWOOD TERRACE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Philip A. Farruggio			8/18/08 386 760 0231		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		