



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # L04000049716 1. Entity Name UNAVOIDABLE INVESTMENTS, LLC	
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Principal Place of Business 242 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	Mailing Address 2001 BETT MAR LANE WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE


03262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3794666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINKBEINER, FRANK G ESQ
108 EAST HILLCREST STREET
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COCKMAN, G. STEVEN 2001 BETT MAR LANE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COCKMAN, GLORIA ANGELA 2001 BETT MAR LANE WINTER PARK, FL 32789
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04/11/07-80044-003 50.00

**DO NOT WRITE
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:  **GREGORY S. COCKMAN** **3/26/07** **407-869-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #