## 2006 LIMITED LIABILITY COMPANY

## May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-08-2006 90032 007 \*\*\*\*50.00 **DOCUMENT # L04000052818** 1. Entity Name MONTRU HOLDINGS & INVESTMENTS, LLC 40088394 Principal Place of Business Mailing Address 13435 SOUTH MCCALL ROAD 13435 SOUTH MCCALL ROAD SUITE 232 **SUITE 232** PORT CHARLOTTE, FL 33981 PORT CHARLOTTE, FL 33981 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 33-1096682 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMSON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 13435 SOUTH MCCALL ROAD **SUITE 232** PORT CHARLOTTE, FL 33981 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, typed or printed name of registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME WILLIAMSON, MICHAEL NAME 13435 SOUTH MCCALL ROAD, SUITE 232 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP PORT CHARLOTTE, FL 33981 City-St-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMSON, LORNA NAME NAME STREET ADDRESS 13435 SOUTH MCCALL ROAD, SUITE 232 STREET ADDRESS PORT CHARLOTTE, FL 33981 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

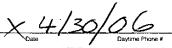
OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Change

☐ Addition

FILED