2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L04000053713

Entity Name: MURCIA INVESTMENTS, LLC

Current Principal Place of Business:

11421 S.W. 25TH COURT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

C/O NOEL S MURICA, MM
9525 FAIRMOUNT RD
NOVELTY, OH 44072

New Mailing Address:

FEI Number: 20-1783880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURCIA, J. SALVADOR
11421 S.W. 25TH COURT
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MURCIA, NOEL S	
Address:	9525 FAIRMOUNT RD	
City-St-Zip:	NOVELTY, OH 44072	
Title:	MGRM	( ) Delete
Name:	MURCIA, CRYSTAL L	
Address:	9525 FAIRMOUNT RD	
City-St-Zip:	NOVELTY, OH 44072	
Title:	MGRM	( ) Delete
Name:	MURCIA, J. SALVADOR	
Address:	11421 S.W. 25TH COURT	
City-St-Zip:	DAVIE, FL 33325	
Title:	MGRM	( ) Delete
Name:	MURCIA, S. JO	
Address:	11421 S.W.25TH COURT	
City-St-Zip:	DAVIE, FL 33325	
Title:	MGRM	( ) Delete
Name:	SMITH, BARBARA J	
Address:	P.O. BOX 166	
City-St-Zip:	MENTONE, IN 46539	
Title:	MGRM	( ) Delete
Name:	SMITH, ROBERT C	
Address:	P.O. BOX 166	
City-St-Zip:	MENTONE, IN 46539	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NOEL S. MURCIA MGRM 04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date