

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000054647

**FILED**  
**Sep 11, 2006**  
**Secretary of State**

**Entity Name:** VAN RYZIN INVESTMENTS L.L.C.

**Current Principal Place of Business:**

13383 23RD CT. N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

13883 23RD CT. N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13383 23RD CT. N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

13883 23RD CT. N  
LOXAHATCHEE, FL 33470

**FEI Number:** 76-0770470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN RYZIN, RYAN  
13383 23RD CT. N  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

VAN RYZIN, RYAN  
13883 23RD CT. N  
LOXAHATCHEE, FL 33470 US

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:**

09/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VAN RYZIN, RYAN  
Address: 13383 23RD CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: VAN RYZIN, TERRELLA  
Address: 13883 23RD CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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:** RYAN VAN RYZIN

MGR

09/11/2006

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