

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056791					
1. Entity Name ISC INVESTMENTS, LLC					
Principal Place of Business 221 E. GARDEN ST., SUITE 7W PENSACOLA, FL 32502			Mailing Address 221 E. GARDEN ST., SUITE 7W PENSACOLA, FL 32502		
2. Principal Place of Business 5823 Hwy. 90		3. Mailing Address 5823 Hwy. 90		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 APR -7 PM 6:32</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;">02282005 Chg-LLC CR2E083 (10/03)</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Milton, FL		City & State Milton, FL			
Zip 32583		Country U.S.			
4. FEI Number		<input checked="" type="checkbox"/> 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 HEAD, HOWARD O 221 E. GARDEN ST. SUITE 7W PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name: Head Howard O Street Address (P.O. Box Number is Not Acceptable): 5823 Hwy. 90 City: Milton FL Zip Code: 32583			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEAD, HOWARD O 221 E. GARDEN ST., SUITE 7W PENSACOLA, FL 32502	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemption stated in Section 119.07(3)(I), 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: _____			Date: 2/28/05 800-623-0009		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					