2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							
DOCUMENT # L04000056791							
1. Entity Nam	ne					FILED	
I ISC INVE	STMENTS, LLC			20			
ļ			1	TELL		1 DM 6:32	
Principal Plac	e of Business	Mailing Address				05 APR -7 PM 6: 32	
221 E. GARD	DEN ST.,	221 E. GARDEN ST.,				THE STATE	
SUITE 7W PENSACOLA	TE 7W SUITE 7W Isacola, Fl. 32502 Pensacola, Fl. 32502					SECHLIAKY OF STATE SECHLIAKY OF STATE AHASSEE, FLORIDA	
						etdi beda dik jani jara kasa kasa ku lab	
2. Principal Place of Business 5823 Hwy. 90 5823 Hwy.						01111	
Sulte, Apt. #, etc. Sulte, Apt. #, etc.			1.,,		00000000	000000 (44100)	
					02282005 Chg-LLC	CR2E083 (10/03)	
City & State City & State Con FL Milton F			FL		4. FEI Number	Applied For Not Applicable	
Zip Country Zip Co			Country S.		5. Certificate of Status Desired	\$5.00 Additional	
			$\frac{\mathcal{N} \cdot \mathcal{S}}{\mathcal{N}}$		<u> </u>	Fee Required	
	6. Name and Address of Current	Registured Agent	Name	7. Name and Address of New Registered Agent			
HEAD, HO	HEAD, HOWARD O				HELLA HOWAIA U		
221 E. GARDEN ST.				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 7W PENSACOLA, FL 32502							
	•		City	100	1420	FL Zip Code	
8 The shows	named entity submits this statement for	r the nurnose of changing its re	agistered office	or register	and agent or both in the State of		
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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title III applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Pee is \$50.00							
	ue by May 1, 2005					tda Department of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITION	NS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	T	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
NAME	HEAD, HOWARD O		NAME				
STREET ADDRESS CITY-ST-ZIP	221 E. GARDEN ST., SUITE 7W PENSACOLA, FL 32502		STREET ADDRESS CITY-ST-ZIP	· [
TITLE	PENSACULA, FL 32302	☐ Delete	TITLE	+-,-		Change Addition	
NAME		CT Deserte	NAME	l.Ħ l	150		
STREET ADDRESS			STREET ADDRESS			į	
CITY-ST-ZIP			CITY-ST-ZIP	 			
TITLE NAME		☐ Delete	TITLE NAME	}		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS	:	400059	5668294	
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>	06/02/05010		
TITLE		Delete	TITLE			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	;		1 ////	
CITY-ST-ZIP	<u> </u>		City-ST-ZiP	<u> </u>			
TITLE		☐ Delete	TITLE	1		Cinunge \	
NAME STREET ADDRESS			NAME STREET ADDRESS		1/		
CITY-ST-ZIP			CITY-ST-ZIP		1		
TITLE		Delate	THILE	1		Change	
NAME			HAME PROPERT ADDRESS		J (// -	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP	'	`	-	
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 it made under cath; that I am a managing member or manager of the							
Indicated	I on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have th	ie same legal et	fect as il m	nade under oath; that I am a ma	naging member or manager of the	
· .		~ ·			, ,	ا ر ـ ر	
SIGNATURE: 2/28/05 80-623-0009							
BRONATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Profes							