


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90159 016 ****50.00

DOCUMENT # L04000063878	
1. Entity Name TRAVIS & AMY INVESTMENTS, LLC	

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20015216

2. Principal Place of Business 690 Fox Run Circle Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.		4. FEI Number 20-1599487	Applied For Not Applicable
City & State Macclenny, Florida		City & State			
Zip 32063	Country US	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name Travis C. Hunter	
Street Address (P.O. Box Number is Not Acceptable)	
690 Fox Run Circle	
City Macclenny	FL Zip Code 32063

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	Travis C. Hunter	STREET ADDRESS	
CITY-ST-ZIP	690 Fox Run Circle	CITY-ST-ZIP	
	Macclenny, Florida 32063		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	Managing Member	STREET ADDRESS	
CITY-ST-ZIP	Amelia T. Hunter	CITY-ST-ZIP	
	690 Fox Run Circle		
	Macclenny, Florida 32063		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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: Travis C. Hunter Managing Member