
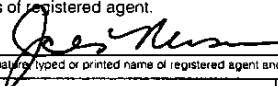



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JUL 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # L04000064576 | | | |  | |
| 1. Entity Name LIBBY AGA INVESTORS, L.L.C. | | | | | |
| Principal Place of Business 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236 | | | Mailing Address 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 07192006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 20-1562488 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| DOERR, KENNETH D 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 | | | Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324 | | |
| 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  | | JAMES M. NEWSOME Special Assistant Secretary DATE 7/24/06 | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LIBBY, HAROLD L 950 S. TAMiami TRAIL, STE. 204 SARASOTA, FL 34236 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200078233522 08/01/06--01051--025 **50.00 | |
| 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 | |
| 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 | |
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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 exemptions contained in Chapter 119, 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: 07-26-06 | | Daytime Phone #: 724-935-3423 | |