

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065375

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: MEDTRN INVESTMENT, LLC

**Current Principal Place of Business:**

2410 BUENA VISTA ST  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

2410 BUENA VISTA ST  
PENSACOLA, FL 32503

**New Mailing Address:**

2410 BUENA VISTA ST  
PENSACOLA, FL 32503 US

FEI Number: 57-1212677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PETE, EVELYN J  
2410 BUENA VISTA STREET  
PENSACOLA, FL 32503 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PETE, MICHAEL A  
Address: 13826 BLUE LAGOON WAY  
City-St-Zip: ORLANDO, FL 32828

Title: MGR ( ) Delete  
Name: PETE, EVELYN J  
Address: 2410 BUENA VISTA STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR ( ) Delete  
Name: PETE, DENNIS M  
Address: 2410 BUENA VISTA STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR ( ) Delete  
Name: PETE, TIFFANEY D  
Address: 2704 STILLWATER LAKE LANE  
City-St-Zip: MARIETTA, GA 30066

Title: MGRM ( ) Delete  
Name: PETE, ROSANA  
Address: 13826 BLUE LAGOON WAY  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A. PETE

MGR

07/02/2007

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