# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 16, 2008**
**Secretary of State**

DOCUMENT# L04000065375

**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 US

**New Mailing Address:**

2410 BUENA VISTA ST
PENSACOLA, FL 32503

**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: EVELYN J. PETE MGR 05/16/2008

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