2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000071563

1. Entity Name
FULLBACH INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2201 - 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704	2201 - 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

04142007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1801691	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

HOBACH, JOHN P JR.
2201 - 4TH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33704

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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_____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	M
NAME	HOBACH, JOHN P JR.
STREET ADDRESS	2201 - 4TH STREET NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	M
NAME	FULLERTON, KENNETH D
STREET ADDRESS	2201 - 4TH STREET NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80047-005 50.00

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: X _John P Hobach_ John P. Hobach X 4-15-07 X 727-596-9389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #