
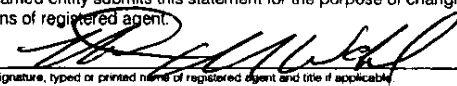
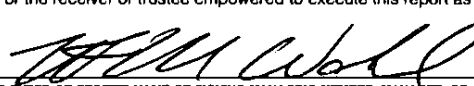


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90307 026 ****50.00

DOCUMENT # L04000071970					
1. Entity Name CTM INVESTMENTS, LLC					
Principal Place of Business 1800 S.R. 17 SOUTH AVON PARK, FL 33825			Mailing Address 1800 S.R. 17 SOUTH AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box # 3200 US 27 South		3. Mailing Address 3200 US 27 South			
Suite, Apt. #, etc. Suite 307		Suite, Apt. #, etc. Suite 307			
City & State Sebring, FL		City & State Sebring, FL			
Zip 33870		Country USA		Zip 33870	
Country USA		Country USA			
4. FEI Number 14-1874173					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WOHL, MARTIN M 1800 S.R. 17 SOUTH AVON PARK, FL 33825					
7. Name and Address of New Registered Agent Name: Wohl, Martin M Street Address (P.O. Box Number is Not Acceptable): 3200 US 27 South, Suite 307 City: Sebring, FL Zip Code: 33870					
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:  DATE: 2/9/07 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOHL, MARTIN M 1800 S.R. 17 SOTH AVON PARK, FL 33825 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOHL, MARTIN M 3200 US 27 South Suite 307 Sebring, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: 2/9/07 DAYTIME PHONE #: 863-382-3887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					