2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # L04000071970 1. Entity Name CTM INVESTMENTS, LLC				04-18-2008	90160 036 ***138	
Principal Place of Business 3200 US 27TH SOUTH SUITE 307 SEBRING, FL 33870	Mailing Address 3200 US 27TH SOUTH SUITE 307 SEBRING, FL 33870	, <u>, , , , , , , , , , , , , , , , , , </u>	1/10/10/10	ı Bəlih Giğir Gəlir əbili Bi	50004861 	Dat William
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 32.00 US HWY 27 SOUTH 32.00 US HWY Suite, Apt. #, etc. Suite, Apt. #, etc.		27 SOU	Dt			
SUITE 201	SUITE 201		04132008	Chg-LLC	CR2E083 (12/06)	
City & State SEBRINC, FL	SEBRING FO	- <u> </u>	4. FEI Numb			plied For t Applicable
Zip 33870 USA	33870	Country USA	5. Certificate	of Status Desired	☐ \$5.00 Add Fee Required	
6. Name and Address of Current	Registered Agent	Name		Address of New	Registered Agent	
WOHL, MARTIN M 3200 US 27 SOUTH			Street Address (P.C. Box Number is Not Acceptable)			
SUITE 307		<u> </u>			·	1
SEBRING, FL 33870			3200 US HWY 27 SOUTH		Zio Code	
8. The above named entity submits this statement for	or the purpose of changing its re			oth, in the State of F		<u>, </u>
the obligations of register transport	M (MOTE)		V M. WO Ki	<u></u>	4-14-08 DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
	5			Ma	ike check payable to da Department of State	
		10.		Ma Florid	ike check payable to	
After May 1, 2008 Fee will be \$538.7		TITLE NAME		Florid	ike check payable to da Department of State S/CHANGES	
9. MANAGING MEMBI	ERS/MANAGERS	TITLE NAME	3200 W 27	Florid	ike check payable to da Department of State S/CHANGES	•
9. MANAGING MEMBI TITLE MGR NAME WOHL, MARTIN M STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 TITLE M 20136	ERS/MANAGERS Detate	THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3200 W 27	Florid	ike check payable to da Department of State S/CHANGES	•
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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 shalf have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or turstee empowered to expect this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE

863-382-3887

Daytime Phone #