

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90160 036 \*\*\*138.75

<b>DOCUMENT # L04000071970</b> 1. Entity Name <b>CTM INVESTMENTS, LLC</b>					
Principal Place of Business <b>3200 US 27TH SOUTH SUITE 307 SEBRING, FL 33870</b>			Mailing Address <b>3200 US 27TH SOUTH SUITE 307 SEBRING, FL 33870</b>		
2. Principal Place of Business - No P.O. Box # <b>3200 US HWY 27 SOUTH</b>		3. Mailing Address <b>3200 US HWY 27 SOUTH</b>			
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc. <b>SUITE 201</b>			
City & State <b>SEBRING, FL</b>		City & State <b>SEBRING, FL</b>			
Zip <b>33870</b>		Country <b>USA</b>		Zip <b>33870</b>	
Country <b>USA</b>		4. FEI Number <b>14-1874173</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WOHL, MARTIN M 3200 US 27 SOUTH SUITE 307 SEBRING, FL 33870</b>			7. Name and Address of New Registered Agent Name <b>WOHL, MARTIN M</b> Street Address (P.O. Box Number is Not Acceptable) <b>3200 US HWY 27 SOUTH, SUITE 201</b> City <b>SEBRING</b> FL <b>33870</b>		
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 <b>MARTIN M. WOHL</b> <span style="float: right;">4-14-08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOHL, MARTIN M 3200 US 27 SOUTH SUITE 307 SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER WOHL, THOMAS J 3200 US 27 SOUTH, SUITE 201 SEBRING, FL 33870	<input type="checkbox"/> Delete			
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: <b>MARTIN M. WOHL</b> <span style="float: right;">4-14-08</span> <span style="float: right;">863-382-3887</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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