

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073289

Entity Name: TARGET INVESTMENTS, LLC

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

8421 NORTH HAVEN LANE
UNIT A
FT MYERS, FL 33919

New Principal Place of Business:

2187 TREEHAVEN CIRCLE
FT MYERS, FL 33907

Current Mailing Address:

8421 NORTH HAVEN LANE
UNIT A
FT MYERS, FL 33919

New Mailing Address:

2187 TREEHAVEN CIRCLE
FT MYERS, FL 33907

FEI Number: 30-0280201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIGLIOTTI, FRANK B
8421 NORTH HAVEN LANE
UNIT A
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

GIGLIOTTI, FRANK B
2187 TREEHAVEN CIRCLE
FT MYERS, FL 33907 US

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:

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIGLIOTTI, FRANK B
Address: 8421 NORTH HAVEN LANE UNIT A
City-St-Zip: FT MYERS, FL 33919

Title: MGRM () Delete
Name: TARLE, ERNEST J JR
Address: 102 CYPRESS BREEZE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIGLIOTTI, FRANK B
Address: 2187 TREEHAVEN CIRCLE
City-St-Zip: FT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK B. GIGLIOTTI

MGRM

01/06/2006

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