2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# L04000073289

Entity Name: TARGET INVESTMENTS, LLC

Current Principal Place of Business:

2187 TREEHAVEN CIRCLE
FT MYERS, FL 33907

New Principal Place of Business:

2187 TREEHAVEN CIRCLE, N.
FT MYERS, FL 33907

Current Mailing Address:

2187 TREEHAVEN CIRCLE
FT MYERS, FL 33907

New Mailing Address:

2187 TREEHAVEN CIRCLE, N.
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
2187 TREEHAVEN CIRCLE
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

GIGLIOTTI, FRANK B
2187 TREEHAVEN CIRCLE, N.
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: _____ 01/06/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

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, N.
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 01/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date