

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073434

FILED  
Jul 02, 2008  
Secretary of State

Entity Name: T&S INVESTMENTS, LLC

## Current Principal Place of Business:

3975 FORRESTAL AVENUE  
SUITE 600  
ORLANDO, FL 32806 US

## New Principal Place of Business:

3975 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 101  
ORLANDO, FL 32839 US

## Current Mailing Address:

3975 FORRESTAL AVENUE  
SUITE 600  
ORLANDO, FL 32806 US

## New Mailing Address:

3975 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 101  
ORLANDO, FL 32839 US

FEI Number: 20-1034131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

STORMANT, CLARENCE R  
20 DONOVILLE RD.  
APT. 604  
ST. AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: STORMANT, CLARENCE R  
Address: 20 DONOVILLE RD., APT. 604  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGR      ( ) Delete  
Name: TANNOUS, FUAD E  
Address: 20 DONOVILLE RD., APT. 605  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGR      ( ) Delete  
Name: STORMANT, SANDRA P  
Address: 20 DONOVILLE RD., APT. 604  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGR      ( ) Delete  
Name: TANNOUS, SUZIE E  
Address: 20 DONOVILLE RD., APT. 605  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

## ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CLARENCE R. STORMANT

MGR

07/02/2008

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