

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90076 050 ***138.75

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02162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000081946 1. Entity Name WITHAY INVESTMENTS, LLC					
Principal Place of Business 2661 DELCREST DRIVE ORLANDO, FL 32817			Mailing Address 2661 DELCREST DRIVE ORLANDO, FL 32817		
2. Principal Place of Business - No P.O. Box # 901 Golfview St Suite, Apt. #, etc.		3. Mailing Address P.O. Box 547831 Suite, Apt. #, etc.			
City & State Orlando FL Zip 32804		City & State Orlando FL Zip 32854		4. FEI Number 20-4161780	
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 HARMER, DERYCK A 2661 DELCREST DRIVE ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name Harmer, Deryck A Street Address (P.O. Box Number is Not Acceptable) 901 Golfview St City Orlando FL Zip Code 32804		
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 2/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMER, DERYCK A 2661 DELCREST DRIVE ORLANDO, FL 32817	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harmer, Deryck A P.O. Box 547831 Orlando FL 32854
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMER, THOMAS A 4373 FLETCHER LANE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMER, THOMAS A 4373 FLETCHER LANE TITUSVILLE, FL 32780
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMER, ROSEMARIE 4373 FLETCHER LANE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMER, ROSEMARIE 4373 FLETCHER LANE TITUSVILLE, FL 32780
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<input type="checkbox"/> Change <input type="checkbox"/> Addition				<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:				2/16/08 407-399-8245	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	