

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083044

FILED
Jan 20, 2007
Secretary of State

Entity Name: INVESTMENTS, LLC

Current Principal Place of Business:

985 EASTHAM WAY
UNIT 101
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

985 EASTHAM WAY
UNIT 101
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 81-0658803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNORS, FRANK P
985 EAST HAM WAY D-102
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MILLER, RAYMOND R SR.
985 EAST HAM WAY D-101
NAPLES, FL 34104 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: RAYMOND R.MILLER SR.

01/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, RAYMOND R SR
Address: 985 EASTHAM WAY D101
City-St-Zip: NAPLES, FL 34104 US

Title: MGRM (X) Delete
Name: CONNORS, FRANK P
Address: 985 EASTHAM WAY D012
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: CHARLES, GARTNER
Address: 973 HINGHAM WAY 103
City-St-Zip: NAPLES, FL 34104

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:

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: RAYMOND R. MILLER SR.

MGRM

01/20/2007

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