


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90176 035 ****50.00

DOCUMENT # L04000084701	
1. Entity Name GUTHRIE INVESTMENTS, LLC	

Principal Place of Business 137 SOUTH PEBBLE BEACH BLVD SUITE 101 SUN CITY CENTER, FL 33573 US	Mailing Address 137 SOUTH PEBBLE BEACH BLVD SUITE 101 SUN CITY CENTER, FL 33573 US
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2. Principal Place of Business Suite, Apt. #, etc. Suite 204 City & State	3. Mailing Address Suite, Apt. #, etc. Suite 204 City & State
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Zip	Country	Zip	Country
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01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1907340	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTHRIE, LINDA S 137 SOUTH PEBBLE BEACH BLVD SUITE 101 SUN CITY CENTER, FL 33573	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 204 City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTHRIE, LINDA S 137 SOUTH PEBBLE BEACH BLVD #101 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Suite 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Linda Guthrie</u> LINDA GUTHRIE 2-16-06 813-634-1077	DATE	DAYTIME PHONE #
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