## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000086263** 

1. Entity Name

SLOANE INVESTMENTS, LLC



Principal Place of Business

636 U.S. HWY ONE

SUITE 118

NORTH PALM BEACH, FL 33408

Mailing Address

636 U.S. HWY ONE

**SUITE 118** 

NORTH PALM BEACH, FL 33408



01162008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

FILED Feb 27, 2008 08:00 AF

**Secretary of State** 

4.	FEI Number	-		Applied For
	20-1957411			Not Applicable
5.	Certificate of Status Desired		\$5.06 Fee Re	Additional

6. Name and Address of Current Registered Agent

EDWARD, STERLING 636 U.S. HIGHWAY ONE SUITE 118 NORTH PALM BEACH, FL 33408 DO NOT WRITE
IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUTMAN, MEIR 636 US HWY ONE, SUITE 118 NORTH PALM BEACH, FL 33408					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIDGE, NORMAN 636 US HWY ONE, SUITE 118 NORTH PALM BEACH, FL 33408		.U00000841603 03/10/08/80024/009 138:75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

11. I hereby certify that the information supplied with this filing does not challify 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE