2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000005100

1. Entity Name
MULTIPLEX INVESTMENTS, LLC

Principal Place of Business
2520 SAND MINE ROAD
DAVENPORT, FL 33897

Mailing Address :
PO BOX 725
ATTN: KATHY MCDANIEL
WINDERMERE, FL 34786 US

01142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2207764
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLOYD, THOMAS C
2520 SAND MINE ROAD
DAVENPORT, FL 33897

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000831855
02/27/08-80036-014 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	J. BERRY HOLDINGS, L.C.
STREET ADDRESS	2520 SAND MINE RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	MGR
NAME	FLOYD, THOMAS C
STREET ADDRESS	2520 SAND MINE RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	MGR
NAME	FONTENOT, DANIEL S
STREET ADDRESS	2520 SAND MINE RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Thomas C. Floyd 2/14/08 (863)420-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #