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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012466

1. Entity Name
ISAIAH 41 INVESTMENTS, LLC

60046041

Principal Place of Business	Mailing Address
927 S GOLDWYN AVENUE 114 ORLANDO, FL 32805	927 S. GOLDWYN AVENUE 114 ORLANDO, FL 32805

07282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
155 Abbey Hollow dr	155 Abbey Hollow dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State: Apopka, FL
Zip: 32712 Country: USA	Zip: 32712 Country: USA

4. FEI Number: 20-3565384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEANTY JEANINE
927 S. GOLDWYN AVENUE
114
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	JEANTY, JEANINE		NAME	Jeanine Jeanty	
STREET ADDRESS	927 S. GOLDWYN AVENUE		STREET ADDRESS	155 Abbey Hollow dr	
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP	Apopka, FL 32712	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	WALLACE, WILLIE JR.		NAME	Willie Wallace Jr	
STREET ADDRESS	927 S. GOLDWYN AVENUE		STREET ADDRESS	155 Abbey Hollow dr	
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP	Apopka FL 32712	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Jeanine Jeanty 9-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #