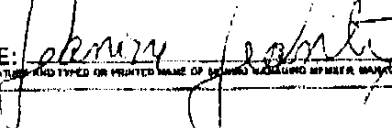


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2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000012466			
1. Entity Name ISAIAH 41 INVESTMENTS, LLC			
Principal Place of Business 927 S. GOLDWYN AVENUE 114 ORLANDO, FL 32805		Mailing Address 927 S. GOLDWYN AVENUE 114 ORLANDO, FL 32805	
2. Principal Place of Business - No P.O. Box # 155 Abbey Hollow Dr Suite, Apt. #, etc.		3. Mailing Address 155 Abbey Hollow Dr Suite, Apt. #, etc.	
City & State Alapaha, FL 32712 Country USA		City & State Alapaha, FL 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: _____ 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 NAME STREET ADDRESS CITY ST ZIP	MGRM JEANTY, JEANINE 927 S. GOLDWYN AVENUE ORLANDO, FL 32805 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Jeanine Jeanty 155 Abbey Hollow Dr Alapaha, FL 32712 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WALLACE, WILLIE JR. 927 S. GOLDWYN AVENUE ORLANDO, FL 32805 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Willie Wallace Jr. 155 Abbey Hollow Dr Alapaha, FL 32712 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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 prepare this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		9-10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	