2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000015683

F & Y INVESTMENTS, LLC



Principal Place of Business

Mailing Address

649 OLEANDER DRIVE, SE

P 0 BOX 9006

WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33883

FILED Jan 18, 2007 08:00 AM Secretary of State



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2334054

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNG, YEE NI 649 OLEANDER DRIVE SE

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WINTER HAVEN, FL 33880		IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or both, in the St	late of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title If applicable,	(NOTE: Registered Agent algnature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNG, YEE NI 649 OLEANDER DRIVE SE WINTER HAVEN, FL 33880	900 01/18/)000590550 /07-80060-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			T WRITE
TITLE			CDACE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #