

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 018 ****50.00

20013383



DOCUMENT # L05000015862 1. Entity Name I & S INVESTMENT, LLC					
Principal Place of Business 6316 KATHLEEN RD LAKELAND, FL 33810 US			Mailing Address 6316 KATHLEEN RD LAKELAND, FL 33810 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-3013449</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Applied For <input type="checkbox"/> Not Applicable </div>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02072006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ISA, MOHAMMED 6316 KATHLEEN RD LAKELAND, FL 33810				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISA, MOHAMMED 6316 KATHLEEN RD LAKELAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALLEM, NIZAR 6316 KATHLEEN RD LAKELAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:					2/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Date Daytime Phone #