


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L05000024485</b>		
1. Entity Name <b>LTR INVESTMENTS, LLC</b>		

Principal Place of Business <b>16704 IVY LAKE DRIVE ODESSA FL 33556</b>	Mailing Address <b>16704 IVY LAKE DRIVE ODESSA FL 33556</b>
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2. Principal Place of Business <b>9432 Black Thorn Loop</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Largo Lakes</b>	City & State <b>←</b>
Zip <b>34638</b>	Country <b>←</b>
Country <b>Pasco</b>	Country <b>←</b>

6. Name and Address of Current Registered Agent  <b>ROSE, LUCAS A 16704 IVY LAKE DRIVE ODESSA FL 33556</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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]* DATE 2006/030

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b></p> <p align="center"><b>Make Check Payable to Florida Department of State</b></p> <p align="center"><b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, LUCAS A 16704 IVY LAKE DRIVE ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081477282 11/03/06--01003--017 **155.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, TAM H 16704 IVY LAKE DRIVE ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* DATE 2006/030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**

**06 NOV -3 PM 5:38**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



1st MOORE CR2E083 (10/05) *[Signature]*

4. FEI Number ☒ Applied For ☐ Not Applicable

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

**REINSTATEMENT** *[Signature]*