


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUN -5 PM 12: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000024485			
1. Entity Name LTR INVESTMENTS, LLC			
Principal Place of Business 9432 BLACKTHORN LOOP LAND O LAKES, FL 34638		Mailing Address 9432 BLACKTHORN LOOP LAND O LAKES, FL 34638	
2. Principal Place of Business - No P.O. Box # 8718 Bonica PL Suite, Apt. #, etc.		3. Mailing Address 8718 Bonica PL Suite, Apt. #, etc.	
City & State Land O' Lakes, FL Zip 34637 Country		City & State Land O' Lakes, FL Zip 34637 Country	
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSE, LUCAS A 16704 IVY LAKE DRIVE ODESSA, FL 33556		7. Name and Address of New Registered Agent Name: Lucas ROSE Street Address (P.O. Box Number is Not Acceptable) 8718 Bonica PL City: Land O' LAKES FL Zip Code: 34637	
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 obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
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	8718 Bonica PL Land O' Lakes, FL 34637 <input checked="" 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	8718 Bonica PL Land O' Lakes, FL 34637 <input checked="" 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	600104118786 06/08/07--01032--001 ***50.00 <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 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: Y. Rose  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2007

LTR INVESTMENTS, LLC  
8718 BONICA PL  
LAND O LAKES, FL 34637

SUBJECT: LTR INVESTMENTS, LLC  
Ref. Number: L05000024485

We have received your document for LTR INVESTMENTS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 507A00026144