2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026886

1. Entity Name

LECANTO BUSINESS INVESTMENTS, L.L.C.



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

495 W. TED WILLIAMS CT. HERNANDO, FL 34442 495 W. TED WILLIAMS CT. HERNANDO, FL 34442



DO NOT WRITE IN THIS SPACE

02052007 No Chg-LLC CR28

CR2E083 (11/05)

4. FEI Number 76-0784756 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

ABEL, ERIC D ESQ 2476 N. ESSEX AVENUE HERNANDO, FL 34442

CITY+ST-7IP

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | e named entity submits this statement for the purpose of cha tions of registered agent. | nging its registered office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
|--|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | (NOTE Registered Agent signature required when reinstalling) | DATE |
| Fi | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ABEL, RALPH L 495 W. TED WILLIAMS CT. HERNANDO, FL 34442 | | U00000635419 02/23/07-80013-020 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ABEL, ERIC D 2476 N. ESSEX AVE. HERNANDO, FL 34442 | | 02/23/07-80013-020 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

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 five 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 of the receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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