2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000026886

1. Entity Name

LECANTO BUSINESS INVESTMENTS, L.L.C.



FILED Feb 20, 2008 08:00 Al 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



02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 76-0784756

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000833544 02/28/08~80018-002_138_75
MANAGING MEMBERS/MANAGERS	

MGR TITLE ABEL, RALPH L NAME STREET ADDRESS 495 W. TED WILLIAMS CT. CITY-ST-ZIP HERNANDO, FL 34442 MGR TITLE NAME ABEL, ERIC D STREET ADDRESS 2476 N. ESSEX AVE. CITY-ST-ZIP HERNANDO, FL 34442 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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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 peport 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.

SIGNATUR

EMICD. ABEL MANAGER

2/18/2008

352-746-0795