

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000029139**



1. Entity Name  
**CRUISIN INVESTMENTS, LLC**

Principal Place of Business  
**209 BAYWIND DRIVE  
NICEVILLE, FL 32578**

Mailing Address  
**209 BAYWIND DRIVE  
NICEVILLE, FL 32578**



01252008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2552222**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PLEAT, DAVID B  
4477 LEGENDARY DRIVE  
SUITE 202  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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

**2/1/08**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BURKE, JOHN T JR.  
209 BAYWIND DRIVE  
NICEVILLE, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

000000819876  
02/18/08-80005-022 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

**John T Burke Jr**

Date

Daytime Phone #

**2/1/08 850-902-2658**