


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90096 006 ***138.75

DOCUMENT # L05000040680 1. Entity Name INVESTMENT PARTNERS, LLC	
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Principal Place of Business 906 ALOMA FAYE LANE FORT WALTON BEACH, FL 32547	Mailing Address 906 ALOMA FAYE LANE FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4247306	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

**BEDSOLE, GLENN J
906 ALOMA FAYE LANE
FORT WALTON BEACH, FL 32547**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEDSOLE, GLENN J 906 ALOMA FAYE LANE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEDSOLE, MICHAEL G 906 ALOMA FAYE LANE 324 SAILFISH CIR FORT WALTON BEACH, FL 32547 DESTIN FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDA, JAMES E 8901 SCHOONER COURT NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDA, BRIAN J 8912 SCHOONER COURT NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: James E. Burda JAMES E. BURDA **7/8/08** **850.939.1171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #