

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-10-2006 90102 032 ****50.00

DOCUMENT # L05000045183		
1. Entity Name SELTZER INVESTMENTS, LLC		

Principal Place of Business 4907 BAYSHORE BLVD #100 TAMPA, FL 33611	Mailing Address 4907 BAYSHORE BLVD #100 TAMPA, FL 33611
---	---

2. Principal Place of Business 14001 - 63RD WAY N.	3. Mailing Address 14001 - 63RD WAY N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33760-3619	Zip 33760-3619
Country USA	Country USA

30012257



05192006 Chg-LLC CR2E083 (11/05)

4. Fil Number 20-2794894	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SELTZER, HAROLD J 4907 BAYSHORE BLVD #100 TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

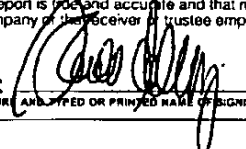
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SELTZER, HAROLD J 4907 BAYSHORE BLVD TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	14001 - 63RD WAY N. CLEARWATER, FL 33760-3619 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  **7-6-06 727-538-4704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **NT 253**