


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L05000045584 1. Entity Name FULLER INVESTMENTS LLC	
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Principal Place of Business 1724 S.W. 20TH TERR. CAPE CORAL, FL 33991	Mailing Address 1724 S.W. 20TH TERR. CAPE CORAL, FL 33991
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	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

FULLER, SCOTT A
1724 SW 20TH TERR
CAPE CORAL, FL 33991

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

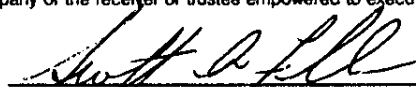
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000888939
04/22/08-80031-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLER, DEBORAH L 1724 SW 20TH TERR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, SCOTT A 1724 SW 20TH TERRACE CAPE CORAL, FL 33991
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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: 

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

4-6-08 (239) 282-2639

Date Daytime Phone #