2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 10, 2006 8:00 am
Secretary of State
03-27-2006 90047 003 ***150.00

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1. Entity Name
COZAD INVESTMENTS, LLC

Principal Place of Business	Mailing Address
~~2261 BROOKSHIRE CIRCLE~~	P.O. BOX 788
~~WEST MELBOURNE~~, FL 32904	ROSELAND, FL 32957

30004636

03202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4650 Lipscomb St	
Suite, Apt. #, etc. Suite 12	Suite, Apt. #, etc.
City & State Palm Bay, FL	City & State
Zip 32905 Country Brevard	Zip Country

4. FEI Number 20-2841009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COZAD, DAVID M 2261 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904	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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COZAD, DAVID M P.O. BOX 121416 WEST MELBOURNE, FL 32912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COZAD, ZOILA A P.O. BOX 121416 WEST MELBOURNE, FL 32912	☐ 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
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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: [signature] Zoila A. Cozad 3/20/06 (321) 508-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #