

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047734

FILED
May 01, 2008
Secretary of State

Entity Name: COZAD INVESTMENTS, LLC

Current Principal Place of Business:

4650 LIPSCOMB ST
STE 12
PALM BAY, FL 32905

New Principal Place of Business:

677 N. WASHINGTON BLVD
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 20056
BRADENTON, FL 34204

New Mailing Address:

FEI Number: 20-2841009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILUCKY, JAMES J CPA
1280 US HIGHWAY 1
MALABAR, FL 32950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COZAD, DAVID M
Address: PO BOX 20056
City-St-Zip: BRADENTON, FL 34204

Title: MGR () Delete
Name: COZAD, ZOILA A
Address: PO BOX 20056
City-St-Zip: BRADENTON, FL 34204

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: COZAD, FRANCES R
Address: PO BOX 20056
City-St-Zip: BRADENTON, FL 34204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZOILA A. COZAD

MNGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date