
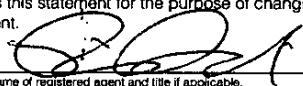



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90353 014 ****50.00

DOCUMENT # L05000048042 1. Entity Name DIDION INVESTMENTS, LLC					
Principal Place of Business 2647 COACHMAN LAKES DRIVE JACKSONVILLE, FL 32246 US			Mailing Address 2647 COACHMAN LAKES DRIVE JACKSONVILLE, FL 32246 US		
2. Principal Place of Business - No P.O. Box # 6108 Alderfer Springs Dr Suite, Apt. #, etc.		3. Mailing Address 6108 Alderfer Springs Dr Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32258		City & State Jacksonville, FL Zip 32258		4. FEI Number 260119918 APPLIED FOR	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIDION, RILEY 2647 COACHMAN LAKES DRIVE JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Riley Didion Street Address (P.O. Box Number is Not Acceptable) 6108 Alderfer Springs Dr City Jacksonville FL Zip Code 32258		
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  4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIDION, JOHN 2647 COACHMAN LAKES DRIVE JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Didion 6108 Alderfer Springs Dr. Jacksonville, FL 32258
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIDION, RILEY 2647 COACHMAN LAKES DRIVE JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Riley Didion 6108 Alderfer Springs Dr Jacksonville, FL 32258
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  4/30/07 904-509-8966 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					