

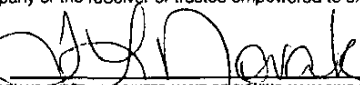


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90070 039 ****50.00

DOCUMENT # L05000048075					
1. Entity Name MT3 INVESTMENTS, LLC					
Principal Place of Business 305 VAN LAKES BLVD AUBURNDAL, FL 33823			Mailing Address 305 VAN LAKES BLVD AUBURNDAL, FL 33823		
2. Principal Place of Business 418 East Derby Ave Suite, Apt. #, etc.		3. Mailing Address 313 Winone Ct Suite, Apt. #, etc.			
City & State Auburndale, FL		City & State Auburndale, FL		4. FEI Number 20-3055816	
Zip 33823		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, KAREN 2960 MELALEUCA DR WEST PALM BEACH, FL 33406			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 _____ (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	MGRM NOVAK, TAMMY 305 VAN LAKES BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOVAK, MICHAEL 305 VAN LAKES BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOVAK, MICHAEL 305 VAN LAKES BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOVAK, MICHAEL 305 VAN LAKES BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
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: 		Date 4-26-06 Daytime Phone # 863-968-1215			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					