MON/APR/30/2007 10:24 AM

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FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90356 017 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051569

1. Entity Name
VERTICAL INVESTMENTS, LLC

30009248

Principal Place of Business	Mailing Address
8317 FRONT BEACH ROAD, SUITE 37-C PANAMA CITY BEACH, FL 32407	8317 FRONT BEACH ROAD, SUITE 37-C PANAMA CITY BEACH, FL 32407

04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5399 E. County Hwy 30-A	5399 E. County Hwy 30-A
Suite, Apt. #, etc.: #169	Suite, Apt. #, etc.: #169
City & State: Santa Rosa Beach, FL	City & State: Santa Rosa Beach, FL
Zip: 32459 Country: Bay	Zip: 32459 Country: Bay

4. FEI Number 34-2048514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAINS, PARKER
8317 FRONT BEACH ROAD, SUITE 37-C
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name: Rains Parker
Street Address (P.O. Box Number Is Not Acceptable): 5399 E. County Hwy 30-A #169
City: Santa Rosa Beach FL Zip Code: 32459

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.

X SIGNATURE [signature] 4/30/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAINS, PARKER 8317 FRONT BEACH ROAD, SUITE 37-C PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5399 E. County Hwy 30-A, #169 Santa Rosa Beach, FL 32459	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

X SIGNATURE: [signature] 5/29/07 850-890-1405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #