


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90347 030 ****55.00

DOCUMENT # L05000053375 1. Entity Name EFFORTLESS INVESTMENTS MGT., LLC					
Principal Place of Business 501 S. COURT ST. VISALIA, CA 93277			Mailing Address 5703 W. VINE AVE VISALIA, CA 93291		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 501 S. Court St Suite, Apt. #, etc.			
City & State Visalia, CA		City & State Visalia, CA		4. FEI Number 20-2951680	
Zip 93277	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PATHFINDER BUSINESS STRATEGIES, LLC 2120 58TH AVE SUITE 159 VERO BEACH, FL 32966			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 <u>Pathfinder Business Strategies, LLC</u> DATE <u>3/27/07</u> <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	MGRM MANQUEN, JEFFREY J 5703 W. VINE AVE. VISALIA, CA 93291	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgrm Manquen, Jeffrey J 501 S. Court St. Visalia, CA 93291
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANQUEN, CAMILLE A 5703 W. VINE AVE. VISALIA, CA 93291	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgrm Manquen, Camille A 501 S. Court St. Visalia, CA 93291
		<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: <u>Camille Manquen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>3/27/07</u> Daytime Phone # <u>559-636-1447</u>	