


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000057714 1. Entity Name SRO INVESTMENTS, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 11692 PARKVIEW LN SEMINOLE, FL 33772 | Mailing Address 11692 PARKVIEW LN SEMINOLE, FL 33772 |
|--|--|

DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC CR2E083 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 22-3940862 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent OLDANIE, CHARLES W 11692 PARKVIEW LN SEMINOLE, FL 33772 |
|--|

**DO NOT WRITE
IN THIS SPACE**

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: _____
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**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OLDANIE, CHARLES W 11692 PARKVIEW LN SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000738319
05/11/07-80063-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/07
Date

Daytime Phone #