

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 001 ****50.00

DOCUMENT # L05000060047					
1. Entity Name NORTH CAROLINA INVESTMENTS LLC					
Principal Place of Business 16669 TOPANGA LANE DELRAY BEACH, FL 33484			Mailing Address 16669 TOPANGA LANE DELRAY BEACH, FL 33484		
2. Principal Place of Business - No P.O. Box # 4548 Baybridge Blvd		3. Mailing Address 4548 Baybridge Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ESTUO FL		City & State ESTUO FL		4. FEI Number 20-4318314	
Zip 33528		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTON, MARIA 16669 TOPANGA LN DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name: MARIA NORTON Street Address (P.O. Box Number is Not Acceptable): 4548 BAYBRIDGE BLVD City: ESTUO FL Zip Code: 33528			
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: <i>Maria Norton</i> DATE: 3-6-07 289-676-9466 <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 MGR NAME NORTON, MARIA STREET ADDRESS 16669 TOPANGA LN CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 4548 Baybridge Blvd CITY-ST-ZIP ESTUO FL 33528	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME MILLER, ANN M STREET ADDRESS 14 OLD FARM LANE CITY-ST-ZIP NEW FREEDOM, PA 17349	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME MILLER, WILLIAM J STREET ADDRESS 1808 RIVA RIDGE DR. CITY-ST-ZIP MANSFIELD, OH 44904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME CENTRAL BANK & TRUST FBO MARIA NORTON 401K STREET ADDRESS 16669 TOPANGA LN CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 4548 Baybridge Blvd CITY-ST-ZIP ESTUO FL 33528	<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	
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: <i>Maria Norton</i>			3-6-07 289-676-9466		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		