

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061966

Entity Name: INLAND INVESTMENTS, LLC

FILED
Jul 24, 2006
Secretary of State

Current Principal Place of Business:

13014 N. DALE MABRY HWY SUITE 199
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 N. DALE MABRY HWY SUITE 199
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-3296851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUROJAIYE, BABATOLA A
13014 N. DALE MABRY HWY SUITE 199
TAMPA, FL 33618 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: DUROJAIYE, BABATOLA A
Address: 13014 N. DALE MABRY HWY SUITE 199
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUROJAIYE, BABATOLA A
Address: 13014 N. DALE MABRY HWY SUITE 199
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Change (X) Addition
Name: DUROJAIYE, IJEOMA G
Address: 13014 N. DALE MABRY HWY SUITE 199
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BABATOLA DUROJAIYE

MGRM

07/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date