

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

04-13-2006 90031 017 ****50.00

DOCUMENT # L05000063428						
1. Entity Name CONNORS INVESTMENTS, LLC						
Principal Place of Business 1007 E. REYNOLDS STREET PLANT CITY, FL 33566			Mailing Address 1007 E. REYNOLDS STREET PLANT CITY, FL 33566			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		City		
6. Name and Address of Current Registered Agent CONNORS, LEONARD J 1007 E. REYNOLDS STREET PLANT CITY, FL 33566				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE _____		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE MGR NAME CONNORS, LEONARD J STREET ADDRESS 1007 E. REYNOLDS STREET CITY-ST-ZIP PLANT CITY, FL 33566	<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	
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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: LEONARD J. CONNORS 4/6/06						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						
<small>Date</small>						
<small>Daytime Phone #</small> 813-752-9596						