

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000064616

1. Entity Name
LAD INVESTMENTS, LLC



Principal Place of Business
**4301 AUTUMN LEAVES DRIVE
TAMPA, FL 33624 US**

Mailing Address
**4301 AUTUMN LEAVES DRIVE
TAMPA, FL 33624 US**



07022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3072532

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, LEONARD
4301 AUTUMN LEAVES DRIVE
TAMPA, FL 33624**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIAZ, LEONARD
4301 AUTUMN LEAVES DRIVE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DIAZ, ALINA
4301 AUTUMN LEAVES DRIVE
TAMPA, FL 33624**

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

U00000767085
07/05/07-80009-024 55.00

**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: *Leonard Diaz*

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

LEONARD DIAZ

7-2-07

Date

Daytime Phone #

(813) 9605466