

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070928

Entity Name: CORMAC INVESTMENTS LLC

FILED
Mar 15, 2008
Secretary of State

Current Principal Place of Business:

746 DOLCETTO DRIVE
TUSCAN RIDGE
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

10/6 CLYDESMILL GROVE
CAMBUSLANG INVESTMENT PARK
GLASGOW, U.K, SC G32 8NL UK

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD & GANTT CPAS PA
3359 W VINE ST
104
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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: MR () Delete
Name: CORBETT, STEPHEN
Address: 1 TURNBERRY WYND
City-St-Zip: BOTHWELL, GLASGOW, G71 8EE, UK G71 8EE UK

Title: MRS () Delete
Name: CORBETT, MARION
Address: 1 TURNBERRY WYND
City-St-Zip: BOTHWELL, GLASGOW, G71 8EE, UK G71 8EE UK

Title: MR (X) Delete
Name: MCAULEY, ROBERT
Address: 10 MIDCROFT PLACE
City-St-Zip: STRATHAVEN ML10, UK 34741 UK

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN CORBETT

MR

03/15/2008

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