2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000072258

1. Entity Name

RUNNERS INVESTMENTS, LLC



FILED Feb 11, 2008 08:00 AN Secretary of State

Principal Place of Business

2500 14TH STREET ST. CLOUD, FL 34769 Mailing Address

2500 14TH STREET ST. CLOUD, FL 34769



DO NOT WRITE IN THIS SPACE

02062008 No Chg-LLC

CR2E083 (12/07)

Applied For

Not Applicable

4. FEI Number 22-3915500

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		
HOLLOWAY, ROSA 2500 14TH STREET ST. CLOUD, FL 34769		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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MS	
NAME OTDEET 4 DDDEED	HOLLOWAY, ROSA	
STREET ADDRESS CITY-ST-ZIP	2500 14 TH STREET	
	ST. CLOUD, FL 34769	U00000822923
TITLE NAME		02/20/08-80016-019 138.75
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADORESS		
CITY-ST-ZIP		DO NOT WRITE

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 accorate 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 of trustee empowered to receive this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-6-08

873-207

Daytime Phone #