2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

المسر المنافعة

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 30, 2000 00.00 A		
DOCU	MENT # L05000074	690		7	Secretary of State	
1. Entity Name TOM'S INVESTMENT, LLC						
I Olivi S. II	AVESTIMENT, LLC					
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Principal Place of Business Mailing Address 480 BLACKBURN POINT ROAD 7820 S HOLIDAY DR OSPREY, FL 34229 STE 220						
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		SARASOTA, FL 34231		 	IN BURN NERN BIER BING IBN BONEN IN FOR	
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	and the second of the second s	2		5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current I	Registered Agent		Remove the standard of	7 ; · · · · · · · · · · · · · · · · · ·	
BERLIN LAW FIRM, P.A. 1605 MAIN STREET, SUITE 910 SARASOTA, FL 34236			t year or a		DITE SOME S	
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8. The above	e named entity submits this statement for	the purpose of changing its register	ed office or registe	red agent, or both, in the State of FI	orida. I am lamiliar with, and accept	
the obliga	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Recesters	ed Agent signature requires	1 when constituted	DATE	
		(Table 1 agriculture 1 agricu	or got a signature rectained	S WITH CONTRACT OF		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBE	RS/MANAGERS	<u> </u>	<u> </u>	9 x 4 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x	
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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:

STREET ADDRESS CITY-ST-ZIP

91

4/20/08

941-825-3603