### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L05000074881**

1. Entity Name IROKO INVESTORS, LLC



Principal Place of Business

34650 US HWY 19 N

STE 108 PALM HARBOR, FL 34684 Mailing Address

34650 US HWY 19 N STE 108

PALM HARBOR, FL 34684

## FILED May 08, 2008 08:00 AN Secretary of State



04252008 No Chg-LLC

CR2E083 (12/07)

4.	FE! Number	
	20-3234257	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name and	Address of	Current	Registered Agent

JENKINS, ROSE M 34650 US HWY 19 N STE 108 PALM HARBOR, FL 34684

# DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of ch the obligations of registered agent.</li> </ol>	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	*(NOTE Registered Agent signature required when reinstating)	OATE
		<del></del>

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALESTRIERI, HENRI 34650 US HWY 19 N STE 108 PALM HARBOR, FL 34684		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADORESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. Lhereby (	certify that the information supplied with this filing does not qualify for the e		

# 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 eath; 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:** 

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

4-28-08

Daytime Phone #

ENNI BALESTRIENI., MER