

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076554

FILED  
Sep 07, 2007  
Secretary of State

Entity Name: AMRAK INVESTMENTS, LLC

**Current Principal Place of Business:**

C/O FOLEY & LARDNER LLP/ATTN: R.J. WOLFE  
100 N. TAMPA STREET, SUITE 2700  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FOLEY & LARDNER LLP/ATTN: R.J. WOLFE  
POST OFFICE BOX 3391  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 20-3260508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

F & L CORP  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 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: MGR      ( ) Delete  
Name: CHRYSOCHOOS, JACQUES  
Address: 100 N. TAMPA STREET, SUITE 2700  
City-St-Zip: TAMPA, FL 33602

Title: MGR      ( ) Delete  
Name: SONNENSCHNEIN, THOMAS F  
Address: 100 N. TAMPA STREET, SUITE 2700  
City-St-Zip: TAMPA, FL 33602

Title: MGR      ( ) Delete  
Name: OAKLAND, CHRISTINE  
Address: 100 N. TAMPA STREET, SUITE 2700  
City-St-Zip: TAMPA, FL 33602

Title: MGR      ( ) Delete  
Name: STIERS, KIMBERLY N  
Address: 100 N. TAMPA STREET, SUITE 2700  
City-St-Zip: TAMPA, FL 33602

**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:

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: THOMAS F SONNENSCHNEIN

MGR

09/07/2007

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