2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000079628

1. Entity Name DATURA INVESTMENTS, LLC



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

TITLE NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS CITY-ST-ZIP

477 S. ROSEMARY AVE STE 209 WEST PALM BEACH, FL 33401

Mailing Address

477 S. ROSEMARY AVE STE 209 WEST PALM BEACH, FL 33401



02112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	_	Applied For
20-3304624		 Not Applicable
5. Certificate of Status Desired		0 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRASKER, PAUL 625 NORTH FLAGLER DRIVE 9TH FL WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both, in the St	late of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS	Popular de destrucción de la companya	Cargreens for the control of the con
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLO, ANTHONY P 477 S. ROSEMARY AVE STE 209 WEST PALM BEACH, FL 33401		00000827698 4708-80100-023 138.75
TITLE NAME STREET ADDRESS		UZ. C	AY UOTOU LUUTUAS 130. (S

DO NOT WRITE IN THIS SPACE

11.	. I nereby certify that the information supplied with this filling 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:

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

Daytime Prions #