

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90208 006 ****50.00

DOCUMENT # L05000080056

1. Entity Name
NEHI INVESTMENTS, LLC



Principal Place of Business
**2300 CURLEW ROAD
PALM HARBOR, FL 34683**

Mailing Address
**2300 CURLEW ROAD
PALM HARBOR, FL 34683**

20025895



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3442599

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER WHITE BOGGS BANKER P.A.
501 E. KENNEDY BLVD., STE. 1700
C/O HUNTER J. BROWNLEE
TAMPA, FL 33602**

Name

Steven J. Stuebs

Street Address (P.O. Box Number is Not Acceptable)

2300 Curlew Road, Suite 100

City

Palm Harbor

FL

Zip Code

34683

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, typed or printed name of registered agent and title if applicable.

Steven J. Stuebs

(NOTE: Registered Agent signature required when reinstating)

4/2/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MGRM
Stuebs, Steven J.
198 Cypress Trace
Tarpon Springs, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

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

4/2/06

Date

727-789-9500

Daytime Phone #