## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2006 8:00 am Secretary of State

| DOCUMENT # L05000087301  1. Entity Name M L T INVESTMENTS, L.L.C.  |  |  |  |   |  |   |                            | 04-28-2006                |  | 11 ****5                    | 0.00                                   |
|--|--|--|--|---|--|---|----------------------------|---------------------------|--|-----------------------------|--|
| Principal Place of Business Mailing Address  |  |  |  |   |  |   |                            |                           |  |                             |  |
| 4745 SUTTON PARK COURT, BL. 500, STE. 501 JACKSONVILLE, FL 32224  4745 SUTTON PARK CO JACKSONVILLE, FL 3222  |  |  |  |   | L. 500, S  | TE. 501   | · ·==ir=ii <b>e</b> pi     |                           |  |                             |  |
| 2. Principal Place of Business   |  |  | 3. Mailing Address   |   |  |   |                            |                           |  |                             |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |   |  |   | 04052006                   | Chg-LLC                   | CR2E0                                    | 83 (11/05)                  |  |
| City & State   |  |  | City & State   |   |  |   | 4. FEI Numbe 20-35         |                           |  | No                          | oplied For<br>ot Applicable            |
| Zip  |  |  | Zip Coun   |   | try  |   |                            | of Status Desired         |  | \$5.00 Add<br>Fee Require   |  |
| 6. Name and Address of Current Registered Agent  |  |  |  |   | 7. Name and Address of New Registered Agent  |   |                            |                           |  |                             |  |
| BRILEY, D. RANDALL   |  |  |  |   | Christopher J. Hurst   |   |                            |                           |  |                             |  |
| 135 PROFESSIONAL DRIVE, SUITE 101<br>PONTE VEDRA BEACH, FL 32082   |  |  |  |   | Street A   | Address (P.O. Box Number is Not Acceptable) 4540 Southside Blvd., Suite 302 |                            |                           |  |                             |  |
|  |  | 1  |  |   | City   |   |                            |                           |  | 7:n Cod                     |  |
|  |  | MAAA.  |  |   | j Ja   |   | nville                     |                           | FL                                       | 20322                       | <u> </u>                               |
|  | e named en ity s<br>tions of registers     | dalett   | the purpose of changing its                                    | registere   | ed office or   | r registere   | ed agent, or bot           | h, in the State of Flo    | -06                                      | amiliar with,               | and accept                             |
|  |  |  |  |   |  |   |                            |                           |  |                             |  |
|  | Signature, typed or                        | rimed name of registered agent an                        | id title if applicable. (NQT                                   | E: Registerec   | d Agent signat   | ture required   | when reinstating)          |                           | DATE                                     |                             |  |
| Fi<br>D  | iling Fee is the by May 1                  | \$50.00  | d title if applicable. (NOT                                    | E: Registerec   | d Agent signat   | Deriuper erur   | when reinstating)          |                           | e check pa                               | ayable to<br>ent of State   | 9                                      |
| Fi<br>D:<br>   | illna Fee is !                             | \$50.00  |  | E: Registered   | d Agent signat   | ture required   | when reinstating)          |                           | e check pa                               |                             | е                                      |
| 9.   | iling Fee is sue by May 1                  | \$50.00<br>, 2006<br>MANAGING MEMBER                     |  | 10.   |  | rure required   | when reinstaling)          | Florida                   | e check pa                               |                             | e 🔲 Addition                           |
| 9. TITLE NAME  | iling Fee is the by May 1  MGRM TABB, JEFF | \$50.00<br>, 2006<br>. MANAGING MEMBER                   | IS/MANAGERS Delete   | 10.<br>TITLE<br>NAME  |  | ure required  | when reinstating)          | Florida                   | e check pa                               | ent of State                |  |
| 9.   | MGRM TABB, JEFF                            | \$50.00<br>, 2006<br>MANAGING MEMBER                     | IS/MANAGERS Delete   | 10.<br>TITLE<br>NAME<br>STREE   |  | ure required  | when reinstating)          | Florida                   | e check pa                               | ent of State                |  |
| 9. TITLE NAME STREET ADDRESS   | MGRM TABB, JEFF                            | \$50.00 I, 2006  MANAGING MEMBER  REY DN PARK COURT, BL. | IS/MANAGERS Delete   | 10.<br>TITLE<br>NAME<br>STREE   | ET ADDRESS<br>ST-ZIP   | MGRN  |                            | Florida                   | e check pa                               | ent of State                |  |
| 9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | MGRM TABB, JEFF                            | \$50.00 I, 2006  MANAGING MEMBER  REY DN PARK COURT, BL. | S/MANAGERS Delete  | 10. TITLE NAME STREE CITY- TITLE NAME   | ET ADDRESS<br>ST-ZIP   | MGRN  |                            | Florida<br>ADDITIONS/     | e check pa                               | Change                      | Addition                               |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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 IN

BRYAN J. LENDRY 4/18/06
NEED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

904-992-2100

Daytime Phone #