

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090647

FILED
Mar 20, 2009
Secretary of State

Entity Name: RED DOOR INVESTMENTS, LLC

Current Principal Place of Business:

11433 GLENMONT DRIVE
TAMPA, FL 33635 US

New Principal Place of Business:

6613 OULLEN CT.
TAMPA, FL 33625 US

Current Mailing Address:

11433 GLENMONT DRIVE
TAMPA, FL 33635 US

New Mailing Address:

6613 OULLEN CT.
TAMPA, FL 33625 US

FEI Number: 87-0756398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANNIN, GERALD A
11433 GLENMONT DRIVE
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

FANNIN, GERALD A
6613 PULLEN CT.
TAMPA, FL 33625 US

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: GERALD A. FANNIN

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FANNIN, GERALD A
Address: 11433 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM () Delete
Name: FANNIN, JANE S
Address: 11433 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FANNIN, GERALD A
Address: 6613 PULLEN CT.
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM (X) Change () Addition
Name: FANNIN, JANE S
Address: 6613 PULLEN CT.
City-St-Zip: TAMPA, FL 33625 US

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: GERALD A. FANNIN

MGR

03/20/2009

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