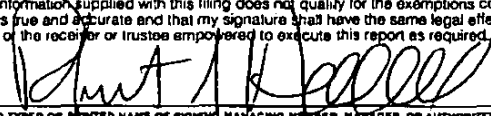


FILED
Mar 09, 2006 8:00 am
Secretary of State

02-20-2006 90141 020 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000097256			
1. Entity Name MARY JANE INVESTMENTS, LLC			
Principal Place of Business 5300 SOUTH ORANGE AVENUE ORLANDO, FL 32809		Mailing Address 5300 SOUTH ORANGE AVENUE ORLANDO, FL 32809	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02132006		Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3575698		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	
WHYNOT, SANCHIA BRENNAN THE BRENNAN LAW FIRM 1214 E. ROBINSON STREET ORLANDO, FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)			
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	MGRM STANLEY, DANA S 13000 DEVONSHIRE RD ORLANDO, FL 32832 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRONLIER, STEVEN R 629 MARINER WAY ALTAMONTE SPRINGS, FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fusilier ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRARRELL, ROBERT S 5300 SOUTH ORANGE AVE ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harrell ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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		2/13/06 407-859-2601 Date Daytime Phone	

30002080

