

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000097256 1. Entity Name MARY JANE INVESTMENTS, LLC	
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Principal Place of Business 5300 SOUTH ORANGE AVENUE ORLANDO, FL 32809	Mailing Address 5300 SOUTH ORANGE AVENUE ORLANDO, FL 32809
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01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 WHYNOT, SANCHIA BRENNAN THE BRENNAN LAW FIRM 1214 E. ROBINSON STREET ORLANDO, FL 32801
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000638328
02/27/07-80025-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANLEY, DANA S 13000 DEVONSHIRE RD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUSILIER, STEVEN R 629 MARINER WAY ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRELL, ROBERT S 5300 SOUTH ORANGE AVE ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/31/07 407.859.2601