

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90038 008 ****50.00

DOCUMENT # L05000097658

1. Entity Name
LUNAR INVESTMENTS, LLC



Principal Place of Business
**15110 ~~INTERCOASTAL CT~~
FT MYERS, FL 33908**

Mailing Address
**15110 ~~INTERCOASTAL CT~~
FT MYERS, FL 33908**



2. Principal Place of Business
15110 INTRACOASTAL CT.
Suite, Apt. #, etc.

3. Mailing Address
15110 INTRACOASTAL CT
Suite, Apt. #, etc.

04052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip Country

Zip Country

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

**WILSON, REED
15110 ~~INTERCOASTAL CT~~
FT MYERS, FL 33908**

Name

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

15110 INTRACOASTAL CT.

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

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

(NOTE: Registered Agent signature required when re-statuting)

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
**MGRM
WILSON, REED
15110 ~~INTERCOASTAL CT~~
FT MYERS, FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
15110 INTRACOASTAL CT. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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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:

W. Reed Wilson

4/4/06 239-387-7376

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

Date

Daytime Phone #