

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099204

Entity Name: IT'S INVESTMENTS, LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

9420 BONITA BEACH ROAD
SUITE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

2448 43RD AVE NE
NAPLES, FL 34120 US

Current Mailing Address:

9420 BONITA BEACH ROAD
SUITE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

2448 43RD AVE NE
NAPLES, FL 34120 US

FEI Number: 20-3610499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSEY, THERESA M
2448 43RD AVENUE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COSEY, THERESA M
Address: 2448 43RD AVENUE NE
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM () Delete
Name: GANTCHEVA, TZVETANKA B
Address: 5275 TREETOPS DRIVE
City-St-Zip: NAPLES, FL 34113 US

Title: MGRM () Delete
Name: COSEY, ISAAC J JR
Address: 2448 43RD AVENUE NE
City-St-Zip: NAPLES, FL 34120 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THERESA COSEY

MGRM

03/22/2009

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