


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000099223		
1. Entity Name MASK INVESTMENTS, L.L.C.		
Principal Place of Business 1029 DELACROIX CIRCLE NOKOMIS, FL 34275	Mailing Address P.O. BOX 1460 NOKOMIS, FL 34274	



03092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3653335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LAUDENSLAGER, JOHN P 1029 DELACROIX CIRCLE NOKOMIS, FL 34275	DO NOT WRITE IN THIS SPACE
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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000873946
04/10/08-80090-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AWWAD, MAHIR 129 PRAIRE MEADOW CT ST PETERS, MO 63304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHOURY, OSAMA M 3017 BRIDLE SPUR LANE ST CHARLES, MO 63303
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DO NOT WRITE 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:  **3-25-08** **636 916 0660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #