

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101201

Entity Name: LTC INVESTMENTS LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

16711 COLLINS AVE #1007
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 610896
NORTH MIAMI, FL 33261 US

New Mailing Address:

FEI Number: 11-3763494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUZ M PETRUZZELLI PA
3905 ALTON ROAD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

LUZ M PETRUZZELLI PA
1691 MICHIGAN AVE
SUITE 530
MIAMI BEACH, FL 33139 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETRUZZELLI, LUZ
Address: 16711 COLLINS AVE #1007
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM () Delete
Name: TARR, BERNARD
Address: 20301 W COUNTRY CLUB DR #2123
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: CAPLAN, BRUCE
Address: P.O. BOX 61
City-St-Zip: BURLINGTON, MA 01803-006 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: LUZ M. PETRUZZELLI

MGRM

04/30/2007

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