2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT #L05000111654

1. Entity Name

INVESTCO OF NORTH FLORIDA LLC



FILED Feb 09, 2007 08:00 AM Secretary of State

Principal Place of Business

8825 PERIMETER PARK BLVD.

SUITE 403

IACKSONVILLE, FL 32216

Mailing Address

8825 PERIMETER PARK BLVD.

SUITE 403

JACKSONVILLE, FL 32216



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3808655 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BRADLEY, LEE A 8825 PERIMETER PARK BLVD. SUITE 403 JACKSONVILLE, FL 32216

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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 ____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEATH, DALE O 8825 PERIMETER PARK BLVD. SUITE 403 JACKSONVILLE, FL 32216 MGRM	
NAME STREET ADDRESS CITY-ST-ZIP	BRADLEY, LEE A 8825 PERIMETE PARK BLVD. SUITE 403 JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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:

Managin Member

1/26/01 (904)642-1494