

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112570

Entity Name: INVEST IN FLORIDA, LLC

FILED  
Apr 19, 2007  
Secretary of State

**Current Principal Place of Business:**

25263 CHAMBER OF COMMERCE DR.  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

25263 CHAMBER OF COMMERCE DR.  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 03-0578065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEINKAUFF, URSULA  
25161 PENNYROYAL DR.  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

WEINKAUFF, URSULA  
25263 CHAMBER OF COMMERCE DR.  
BONITA SPRINGS, FL 34135 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: URSULA WEINKAUFF

04/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BATSchak, GUENTHER E  
Address: HOHLBACHSTR. 45  
City-St-Zip: CONTWIG, RP 66497 D

Title: MGRM ( ) Delete  
Name: WEINKAUFF, URSULA  
Address: 25161 PENNYROYAL DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

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 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: URSULA WEINKAUFF

MGMR

04/19/2007

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