

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113402

FILED
Apr 19, 2009
Secretary of State

Entity Name: INVESTMENT MARKETING LLC

Current Principal Place of Business:

2611 BAYSHORE BLVD.
701
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2611 BAYSHORE BLVD.
701
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-3840193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, MICKEY
2611 BAYSHORE BLVD.
701
TAMPA, FL 33629 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: MGR () Delete
Name: OWENS, ALYCE M
Address: 2611 BAYSHORE BLVD SUITE 701
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: OWENS, KARIS E
Address: 2611 BAYSHORE BLVD SUITE 701
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: BOYKIN, SHIRLEY L
Address: 2611 BAYSHORE BLVD SUITE 701
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOYKIN, SHIRLEY L
Address: 2611 BAYSHORE BLVD SUITE 701
City-St-Zip: TAMPA, FL 33629

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

Title: MGR (X) Change () Addition
Name: OWENS, ALYCE M
Address: 2611 BAYSHORE BLVD SUITE 701
City-St-Zip: TAMPA, FL 33629

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: SHIRLEY BOYKIN

MS.

04/19/2009

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