2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

05-05-2008 90042 031 ***138.75

DOCUMENT # L05000114089

1. Entity Name

CICNIATURE:

LANDROOTS INVESTMENTS, LLC

Con the last

Principal Place of Business 1358 FRUITVILLE RD SUITE 310 SARASOTA, FL 34236 US		Mailing Address 1358 FRUITVILLE RD SUITE 310 SARASOTA, FL 34236 US		600393		ITEEN EIRIN ELENN I		er i (1) (e
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008 Ch	ng-LLC	CR2E083	(12/06)	
City & State		City & State		4. FEI Number 04-3840384		· - · · ·	_ 	plied F
Zip	Country	Zip Country			tus Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Reg	istered Ag	ent	
200 SOUT	AUER, WILL G H ORANGE AVE. A, FL 34236		Name Street Addre	ess (P.O. Box Number is No	ot Acceptable)			
			City			FL	Zip Code	e
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regi	istered agent, or both, in the	ne State of Florid	da. Iam fan	niliar with,	and ac
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature rec	quired when reinstating)		DATE		
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75					check pay Departmen		•
9.	MANAGING MEMBE	I RS/MANAGERS	10.	<u></u>	ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDSTAR ASSOCIATES OF SA 1348 FRUITVILLE ROAD, UNIT S SARASOTA, FL 34236	· ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	□ Ac
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANROOTS OF SARASOTA, INC 2171 8TH STREET SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			E	☐ Change	□ Ac
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	☐ Ac
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	□ Ac
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	☐ Ac
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS : CITY-ST-ZIP			[_ Change	Ac

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 eignature 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 truster empowered to execute this report as required by Chapter 608, Florida Statutes.