2007 LIMITED LIABILITY COMPANY ANNUAL REPORT_____

6(98 **FILED** Jan 18, 2007 08:00 AM Secretary of State

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1. Entity Name

TUSCANOOGA INVESTORS, L.L.C.



Principal Place of Business

Mailing Address

1635 EAST HIGHWAY 50, SUITE 300 CLERMONT, FL 34711

1635 EAST HIGHWAY 50, SUITE 300 CLERMONT, FL 34711



1AM 1 1 2007

352-242-2128

Daylime Phone #

DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3870949

JAN 1 1 2007

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

LANGLEY, RYAN D 1635 EAST HIGHWAY 50, SUITE 300 CLERMONT, FL 34711

the obligations of registered agent.

SIGNATURE

DO NOT WRITE IN THIS SPACE

	Signature, typed or exinted name of registered agent and life if applied ble.	(NDTE: Registered Agent signature required when reinstating)	DATE				
Fi D	iling Fee is \$50.00 ue by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGLEY, RYAN D 1635 EAST HIGHWAY 50, SUITE 300 CLERMONT, FL 34711						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		NRIPE -018 50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							

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