

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010880

Entity Name: FULL CIRCLE INVESTMENTS, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 770598
WINTER GARDEN, FL 347770598 US

New Principal Place of Business:

3545 CARTER JONES ROAD
GROVELAND, FL 34736 US

Current Mailing Address:

P.O. BOX 770598
WINTER GARDEN, FL 347770598 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, LISA
3545 CARTER JONES ROAD
GROVELAND, FL 34736 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: MGRM () Delete
Name: MORRIS, LISA
Address: 3545 CARTER JONES ROAD
City-St-Zip: GROVELAND, FL 34736 US

Title: MGRM () Delete
Name: DICKEY, LESA C
Address: P.O. BOX 770598
City-St-Zip: WINTER GARDEN, FL 347770598 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DICKEY, LESA C
Address: P.O. BOX 770598
City-St-Zip: WINTER GARDEN, FL 34777 US

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: LISA MORRIS

PRES

04/11/2007

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