## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000013800

1. Entity Name LD FAMILY INVESTMENTS, LLC



Principal Place of Business

61 WINDWARD ISLAND CLEARWATER, FL 33767 Mailing Address

61 WINDWARD ISLAND CLEARWATER, FL 33767 FILED Mar 05, 2008 08:00 Al Secretary of State



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4262768

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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NADER, DAVID A 61 WINDWARD ISLAND CLEARWATER, FL 33767

## DO NOT WRITE IN THIS SPACE

| 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 the obligations of registered agent. |  |  |
|---|--|--|
| SIGNATURE_  | Signature, typed or printed name of registered agent and title if applicable | (NOTE Registered Agent signature required when reinstating)  DATE  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS  | the state of the s |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>NADER, DAVID A<br>61 WINDWARD ISLAND<br>CLEARWATER, FL 33767          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | 03/20/08-80017-018 138.75  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | DO NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | the state of the s |

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.

SIGNATURE:

JRE: DAVID A NACE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

/29/08

727 447 1949

Daytime Phone #