


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000018243</b>	
1. Entity Name <b>FULLY LOADED INVESTMENTS, LLC</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 27 PM 3:16

Principal Place of Business <b>5280 NORTH ORANGE AVE. WINTER PARK, FL 32792 US</b>	Mailing Address <b>5280 NORTH ORANGE AVE. WINTER PARK, FL 32792 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1873 N Nova Rd</b>	3. Mailing Address <b>1873 N Nova Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <b>Holly Hill, FL</b>	City & State <b>Holly Hill, FL</b>
Zip <b>32117</b>	Zip <b>32117</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>76-0819246</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>MOYER, PAUL V 118 WEST ORANGE ST. ALTAMONTE SPRINGS, FL 32714</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State <b>FL</b> Zip Code	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when releasing) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHERMAN, BRIAN L 5280 NORTH ORANGE AVE. WINTER PARK, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:**  **7/24/07** **386-677-1185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone