2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT #L06000018243					SECRETARY OF STATE			
1. Emity Name FULLY LOADED INVESTMENTS, LLC					DIVISION OF CORPORATIONS			
FULLY LOADED INVESTMENTS, LLC					07 SEP 27	DM 2.	1.0	
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Principal Place of B								
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	AD DO Boy #	1 t Mailing Address						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1873 N Nova Rd 1873 N Nova			ova	'Kd				
Suite, Apt. #, etc	A LAME LA	Suite, Apt. #, etc.	•		02/14/07 9	CR2E	:083 (12/06)	
		, City & State		4. FEI Number			Nied For 1	
Holling State	fill. Fl.	Holly Hill, FL			76-0819246			Applicable
Zip	Country	Zip	Count	in.	5. Certificate of Status Desired	. .	\$5.00 Addit	
3211)	<u> </u>	1321/7		<u> </u>	7. Name and Address of Nev	v Registerer	Fee Required	
6. Name and Address of Current Registered Agent Name					1. Name (inc. Products 4: 170)			
MOYER, PAUL V					(P.O. Box Number is Not Accepte	iple)		
118 WEST ORANGE ST. ALTAMONTE SPRINGS, FL 32714				Share naures (ic. our remains 15 to recopiusis)				
				City		F	Zip Code	,
8. The above name	ed entity submits this statement fo	r the purpose of changing its	registere	ed office or registe	red agent, or both, in the State of	Florida. Lar	n familiar with, a	and accept
the obligations of	of registered agent.							
SIGNATURE	ture, typed or printed name of registered agent	A side of amplicable (NOT	C Devieters	d Agent signature require	rd when reinstaktio	DATE		
Signat	ture, typing or pended name of registered agent	SIVE SEE II REPERCACION. (1901)	C. register or	o nga saga a saga a	an in the second of the second	en Senan	in the state of th	Page din
Fillna	Fee is \$50.00						payable to	
Due by 8	eptember 14, 2007				Fio	Ide Depart	staint of State	
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11. I hereby certify that the information supplied with this filling 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 cath; 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.								
Military Ballancy Company of the records of a social o								
SIGNATURE: 1/20/07 386-677-1185								
SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOS DOS DESUM Phone 4								