

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90050 037 ***138.75

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01092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000020322 1. Entity Name RAZOOK INVESTMENTS, LLC					
Principal Place of Business 360 CENTRAL AVENUE SUITE 250 ST. PETERSBURG, FL 33701			Mailing Address 360 CENTRAL AVENUE SUITE 250 ST. PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # 330 Coffee Pot Riviera NE		3. Mailing Address 330 Coffee Pot Riviera NE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 20-4383555	
Zip 33704 Country USA		Zip 33704 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAZOOK, FRED S JR. 360 CENTRAL AVENUE SUITE 250 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Fred S. Razook, Jr. Street Address (P.O. Box Number is Not Acceptable) 330 Coffee Pot Riviera NE City St. Petersburg FL Zip Code 33704	
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 DATE 1/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAZOOK, FRED S JR. 360 CENTRAL AVENUE, SUITE 250 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fred S. Razook, Jr. 330 Coffee Pot Riviera NE St. Petersburg, FL 33704
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAZOOK, RYAN S 360 CENTRAL AVENUE, SUITE 250 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:			DATE: 1/10/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		