

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024562

Entity Name: FST INVESTMENTS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

5635 VIA DE LA PLATA CIRCLE
DELRAY, FL 33484

New Principal Place of Business:

5635 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484

Current Mailing Address:

5635 VIA DE LA PLATA CIRCLE
DELRAY, FL 33484

New Mailing Address:

5635 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484

FEI Number: 20-4457938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LETTIERE, KRISTIN ESQ.
7000 WEST PALMETTO PARK RD
402
BOCA RATON, FL 33433 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: TAYLOR, SHANE
Address: 5635 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY, FL 33484

Title: MGRM () Delete
Name: TAYLOR, AUDRA
Address: 5635 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY, FL 33484

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TAYLOR, SHANE
Address: 5635 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM (X) Change () Addition
Name: TAYLOR, AUDRA
Address: 5635 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify 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: SHANE TAYLOR

MGRM

04/30/2007

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