


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000035343</b> 1. Entity Name <b>TOMBO INVESTMENTS, LLC</b>	
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Principal Place of Business <b>11908 PRICE CHARLES COURT CAPE CORAL, FL 33991</b>	Mailing Address <b>P.O. BOX 151909 CAPE CORAL, FL 33915-1909</b>
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**DO NOT WRITE IN THIS SPACE**



04122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-4578167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BOLT, THOMAS L  
11908 PRICE CHARLES COURT  
CAPE CORAL, FL 33991**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000903580  
04/30/08-80052-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOLT, THOMAS L P.O. BOX 151909 CAPE CORAL, FL 339151909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VANOVERLOOP, KEVIN 6606 KNOLLVIEW DRIVE HUDSONVILLE, MI 49426</b>
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: *Kevin Vanoverloop* *Member* 4/12/08 616-662-4128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #