
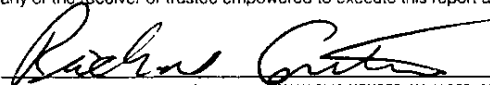


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90180 042 ****50.00

DOCUMENT # L06000061723 1. Entity Name RICHARD COUTURE INVESTMENTS, LLC					
Principal Place of Business 2309 WEST CLAY STREET KISSIMMEE, FL 34741 OS			Mailing Address 2309 WEST CLAY STREET KISSIMMEE, FL 34741 OS		
2. Principal Place of Business - No P.O. Box # 2405 W. Lyndell DR Suite, Apt. #, etc.		3. Mailing Address 2405 W. Lyndell DR Suite, Apt. #, etc.			
City & State Kissimmee FL Zip 34741		City & State Kissimmee FL Zip 34741		4. FEI Number 20-5059539	
Country OSCEOLA		Country OSCEOLA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COUTURE, RICHARD 2309 WEST CLAY STREET KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name RICHARD Couture Street Address (P.O. Box Number is Not Acceptable) 2405 W. Lyndell DR. City Kissimmee FL Zip Code 34741		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUTURE, RICHARD 2309 WEST CLAY STREET KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COUTURE, ELAINE 2309 WEST CLAY STREET KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 407-933-5034 Daytime Phone #		