2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L06000062413

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

TRANTOR INVESTMENTS, LLC						04-11	1-2007 901	15/ 020 :	****50.00	
Principal Place	e of Business		Mailing Address							
	NTHA L DAMMER PORT PALMS COUI 33647	श	C/O SAMANTHA L DAMMER 6606 NEWPORT PALMS COURT TAMPA FL 33647			10 miles				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				88114 <b>6</b> 1111 68111 881	<b>                                    </b>		LIE <b>3)</b> (LI IEE)
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1st MOORE CR2E083 (10/06)					
City & State			City & State		4. FEI Number			4	plied For t Applicable	
Zip	Country		Zip Country			5. Certificate of Sta	atus Desired		\$5.00 Add	
6. Name and Address of Current Registered Agent						7. Name and Addr	ress of New F	Registered	Agent	
				N:	lame					
DAMMER, SAMANTHA L 6606 NEWPORT PALMS COURT TAMPA FL 33647					Street Address (P.O. Box Number is Not Acceptable)					
				Ci	ity			Fl	Zip Code	
	named entity submit ions of registered ag		ne purpose of changing its	registered of	ffice or register	red agent, or both, in I	the State of Fi	orida. I am	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed r	ons of ragatered agent and	tue if applicable. (NOTE	, Registered Age	ent signature required	where reinstating)		DATE		<del>_</del>
					IS \$50.00					
			Make Check Payable Due	By May 1		nt of State				
9.	M	ANAGING MEMBERS	Due			nt of State	ADDITIONS	/CHANGE	s	
9. HILL NAME STRET ADDRESS CITY: ST. ZIP	MGR DAMMER, SAMA 6606 NEWPORT	NTHA L PALMS COURT	Due	By May 1	, <b>2007</b>	nt of State	ADDITIONS	/CHANGE	S Change	Addition
THEF NAME STREET ADDRESS	MGR DAMMER, SAMAI 6606 NEWPORT I TAMPA FL 33647 MGRM DAMMER, RICHA 6606 NEWPORT	NTHA L PALMS COURT  RD S PALMS COURT	Due /MANAGERS	10. TITLE NAML SIRETAD	ODDI SS ZIP	nt of State	ADDITIONS	/CHANGE		Addition
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STREET ADDRESS

CITY ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under each; that I am a managing member or manager of the limited liability company or the receiver or true the empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR SIGNATURE AND TYPE

FILED Apr 11, 2007 8:00 am Secretary of State