

FILED
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Secretary of State

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2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000065533			
1. Entity Name TOMMY BURTON INVESTMENTS, LLC			
Principal Place of Business 842 CHICKADEE PORT ORANGE, FL 32127		Mailing Address 842 CHICKADEE PORT ORANGE, FL 32127	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5124192		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANEY, SONYA 116 E DUNLAWTON BLVD SUITE 3 DAYTONA BEACH SHORES, FL 32118		7. Name and Address of New Registered Agent Name Sharon McGee Brockenbrough Street Address (P.O. Box Number is Not Acceptable) 883 W. Granada Blvd. City Ormond Beach FL Zip Code 32174	
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 <u>Sharon McGee Brockenbrough</u> DATE <u>04/20/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BURTON, TOMMY 842 CHICKADEE PORT ORANGE, FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BURTON, LESSIE 842 CHICKADEE PORT ORANGE, FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: <u>Kessie H. Burton</u> <u>4-27-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			