2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# L06000075977

Entity Name: TUCON INVESTMENTS, LLC

Current Principal Place of Business:

217 N WESTMONTE DRIVE
SUITE 1007
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

217 N WESTMONTE DRIVE
SUITE 1007
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNOR, MICHAEL T
217 N WESTMONTE DRIVE
SUITE 1007
ALTAMONTE SPRINGS, FL 32714 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:	CONNOR, MICHAEL T	
Address:	51 OAKLEIGH LANE	
City-St-Zip:	MAITLAND, FL 32751 US	
Title:	MGRM	( ) Delete
Name:	CONNOR, MARGARET M	
Address:	51 OAKLEIGH LANE	
City-St-Zip:	MAITLAND, FL 32751 US	
Title:	MGRM	( ) Delete
Name:	MICHAEL L TUBBS, REV, OCABLE TRUST	
Address:	8624 VENEZIA COURT #24110	
City-St-Zip:	ORLANDO, FL 32810 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL T CONNOR MGRM 03/13/2007

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