

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075977

FILED
Feb 11, 2008
Secretary of State

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 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: MARGARET M. CONNOR

MGRM

02/11/2008

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