


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 25 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000076540		
1. Entity Name TOMIKO INVESTMENTS, LLC		

Principal Place of Business 5057 GUERNSEY RD. PACE, FL 32571	Mailing Address PO BOX 2266 PACE, FL 32571
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2. Principal Place of Business - No P.O. Box # 5057 Guernsey Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pace FL	City & State
Zip 32571	Country USA

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5373861

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, CHARLES M 5057 GUERNSEY RD. PACE, FL 32571	
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7. Name and Address of New Registered Agent	
Name Lori O Thomas	
Street Address (P.O. Box Number is Not Acceptable) 5057 Guernsey Rd	
City Pace	FL Zip Code 32571

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 Lori O. Thomas, Lori O. Thomas DATE 4-20-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, CHARLES M PO BOX 2266 PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lori O. Thomas 5057 Guernsey Rd Pace FL 32571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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: Lori O Thomas, Lori O. Thomas Date 4/20/08 Daytime Phone # 850-221-2381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE