2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082743

Entity Name: LAST CHANCE INVESTMENTS LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4601 CASTILE WAY SOUTH ST. PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

4601 CASTILE WAY SOUTH PO BOX 530903

ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33747

FEI Number: 26-0737831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOVETT, JOSEPH MALONE, JOHN

4601 CASTILE WAY SOUTH

4601 CASTILE WAY SOUTH

ST. DETERSPLIEG. FL. 33712

ST. PETERSBURG, FL 33712 US ST. PETERSBURG, FL 33712 US

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.

ADDITIONS/CHANGES:

SIGNATURE: JOHN MALONE 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

....

 Title:
 MGR
 () Delete
 Title:
 MGR
 (X) Change () Addition

 Name:
 LOVETT, JOSEPH
 Name:
 LOVETT, JOSEPH D

 Address:
 4601 CASTILE WAY SOUTH
 Address:
 4601 CASTILE WAY SOUTH

City-St-Zip: ST. PETERSBURG, FL 33712 City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGR () Delete Title: MGR (X) Change () Addition Name: WILLIAMS, RHONNIE Name: LOVETT, JOSEPH

 Address:
 4601 CASTILE WAY SOUTH
 Address:
 4601 CASTILE WAY SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33712
 City-St-Zip:
 ST. PETERSBURG, FL 33712

Title: MGR () Delete Title: () Change () Addition

 Name:
 HAYNES, MASON
 Name:

 Address:
 4601 CASTILE WAY SOUTH
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33712
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 MALONE, JOHN
 Name:

 Address:
 4601 CASTILE WAY SOUTH
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33712
 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: JOHN MALONE MGR 04/30/2009