

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 048 ***143.75

DOCUMENT # L06000097551

1. Entity Name

IRON SHORE INVESTMENTS, LLC



Principal Place of Business

695 31ST STREET SOUTH
ST. PETERSBURG FL 33712

Mailing Address

695 31ST STREET SOUTH
ST. PETERSBURG FL 33712



2. Principal Place of Business - No P.O. Box #

4127 5th Ave N

3. Mailing Address

4127 5th Ave N

Suite, Apt. #, etc.

ST PETERSBURG, FL

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5665499

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIBBETTS, MICHAEL D
695 31ST STREET SOUTH
ST. PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

RAYMOND T FAULKNER

Street Address (P.O. Box Number is Not Acceptable)

4127 5th Ave North

City

ST PETERSBURG

FL

Zip Code

33713

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

RAYMOND T. FAULKNER

Raymond T. Faulkner

4-27-08

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
TIBBETTS, MICHAEL D
695 31ST STREET SOUTH
SAINT PETERSBURG FL 33712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
TIBBETTS, EMILY M
695 31ST STREET SOUTH
SAINT PETERSBURG FL 33712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
TIBBETTS, JESSICA L
695 31ST STREET SOUTH
SAINT PETERSBURG FL 33712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael D. Tibbets

4/20/08

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

DATE

Secretary's Office #