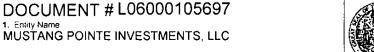
2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT





FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90026 012 ***138.75

1. Entity Nam MUSTAN	e G POINT	E INVESTMENTS	s, LLC							
Principal Plac 905 BISCAYN DELAND, FL	NE BLVD.	s	Mailing Address PO BOX 529 DELAND, FL 32721	,				50	0054	26
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address	ayne B	lvd					
Suite, Apt	#, etc	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #; etc.	1		04282008	Chg-LLC	CR2E	083 (12/06))
City & Stat	e		DELAND	FL		4. FEI Numb				pplied For lot Applicable
Zip		Country	PEREE	Country		5. Certificat	e of Status Desir	ed 🗌	\$5.00 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent			7. Name an	d Address of N	ew Registered	Agent	
22245	-55V			Name						
COONE, J 905 BISCA DELAND,	YNE BLV			Street A	ddress (P	O. Box Numl	per is Not Accep	itable)		······
DELAND,	1 6 32124				•					
				City				FI	Zip Cod	de
	named entiti ions of regist		or the purpose of changing its	registered office or	registere	d agent, or b	oth, in the State	of Florida. I an	familiar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signat	ure required w	hen reinstating)		DATE		
		FEE IS \$138.75 Fee will be \$538.79	5				1	Make check orida Departr		te
				10.			Fie		nent of Sta	te
After May	MGRM	Fee will be \$538.75		TITLE			Fie	orida Departr	nent of Sta	te Addition
9. TITLE NAME	MGRM COONE,	Fee will be \$538.79 MANAGING MEMBE	ERS/MANAGERS	TITLE NAME			Fie	orida Departr	nent of Sta	
9. TITLE NAME STREET ADDRESS	MGRM COONE, . 905 BISC.	MANAGING MEMBE JERRY AYNE BLVD.	ERS/MANAGERS	TITLE NAME STREET ADDRESS			Fie	orida Departr	nent of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COONE, 905 BISC DELAND,	Fee will be \$538.79 MANAGING MEMBE	ERS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Fie	orida Departr	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS	MGRM COONE, . 905 BISC.	MANAGING MEMBE JERRY AYNE BLVD. FL 32724	ERS/MANAGERS	TITLE NAME STREET ADDRESS			AODITIO	orida Departr	S Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COONE, 905 BISC DELAND, MGRM	MANAGING MEMBE JERRY AYNE BLVD. FL 32724	ERS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	વુહ	5 B:	AODITIO	orida Departr	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM COONE, 905 BISC DELAND, MGRM NASS, RC PO BOX 2	MANAGING MEMBE JERRY AYNE BLVD. FL 32724	ERS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	903	5 Bis	Fie	orida Departr	S Change	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.

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

Daytime Phone #