

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105697

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: MUSTANG POINTE INVESTMENTS, LLC

## Current Principal Place of Business:

905 BISCAYNE BLVD.  
#4  
DELAND, FL 32724

## New Principal Place of Business:

## Current Mailing Address:

905 BISCAYNE BLVD.  
#4  
DELAND, FL 32724

## New Mailing Address:

FEI Number: 20-5817489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COONE, JERRY  
905 BISCAYNE BLVD.  
DELAND, FL 32724 US

## Name and Address of New Registered Agent:

COONE, JERRY  
905 BISCAYNE BLVD.  
#4  
DELAND, FL 32724 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.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COONE, JERRY  
Address: 905 BISCAYNE BLVD.  
City-St-Zip: DELAND, FL 32724

Title: MGRM ( ) Delete  
Name: NASS, ROBERT A  
Address: 905 BISCAYNE BLVD.  
City-St-Zip: DELAND, FL 32724

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COONE, JERRY  
Address: 905 BISCAYNE BLVD. #4  
City-St-Zip: DELAND, FL 32724

Title: MGRM (X) Change ( ) Addition  
Name: NASS, ROBERT A  
Address: 905 BISCAYNE BLVD. #2  
City-St-Zip: DELAND, FL 32724

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: ROBERT A. NASS

MGRM

04/24/2009

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