2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State
05-07-2007 90372 016 ****50.00

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01042007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
EURO ISLAND INVESTORS, LLC

Principal Place of Business	Mailing Address
1409 KINGSLEY AVENUE BUILDING 2 ORANGE PARK, FL 32073	~~1409 KINGSLEY AVENUE~~ ~~BUILDING 2~~ ~~ORANGE PARK, FL 32073~~ US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P. O Box 2426	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ORANGE PARK FL	
Zip	Country	Zip: 32067	Country: USA

4. FEI Number: 26-0480155 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PULIGNANO, NICHOLAS V JR.~~ ~~1200 RIVERPLACE BOULEVARD~~ ~~SUITE 800~~ ~~JACKSONVILLE, FL 32207~~	Name: DAVID MUYRES Street Address (P.O. Box Number is Not Acceptable): 2412 STOCKTON DRIVE City: Green Cove Springs FL Zip Code: 32043

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: DAVID J. MUYRES [signature] 1-7-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUYRES, DAVID J 1409 KINGSLEY AVENUE, BLDG 2 ORANGE PARK, FL 322073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Managing Mbr 7/5/07 904 219-7407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #