

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000116240

**FILED  
Jan 15, 2009  
Secretary of State**

**Entity Name:** MISCONCEPTIONS INVESTMENTS, LLC

**Current Principal Place of Business:**

4737 DOLPHIN CAY LANE S.  
#407  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

4737 DOLPHIN CAY LANE S.  
#407  
ST. PETERSBURG, FL 33711

**New Mailing Address:**

FEI Number: 20-8013399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LAW OFFICES OF LAWRENCE H HABER, P.A.  
6131 MESSINA LANE  
SUITE 305  
COCOA BEACH, FL 32931 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MISCONCEPTIONS PRODU, CTIONS, LLC  
Address: 4737 DOLPHIN CAY LANE S. #407  
City-St-Zip: ST. PETERSBURG, FL 33711

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: RON SATLOF

MGRM

01/15/2009

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