## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

**DOCUMENT # L07000029848** 1. Entity Name SPOTO MONTANA INVESTMENTS, LLC



**FILED** Jun 02, 2008 8:00 am Secretary of State

05-05-2008 90028 019 \*\*\*138.75

					1000					
Principal Place of Business Mailing Address 126 THORNTON DRIVE 126 THORNTON DRIVE										•
PALM BEACH GARDENS, FL 33418			PALM BEACH GARDENS, FL 33418					30	00840	4
Principal Place of Business - No P.Ö. Box # 3. Mailing Address									mann?	
							EN <b>25</b> % (87% CENE 67% 55%		I NETTE CETTE BITTER (1	Y1201 (I) (E3)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242008	Chg-LLC	CR26	E083 (12/06)	ı
City & State			City & State		4. FEI Num	ber			pplied For ot Applicable	
Zip	Zip Country		Zip Cou		itry	5. Certificat	te of Status Desired		\$5.00 Ad Fee Require	
	6. Name e	end Address of Current F	legistered Agent			7. Name an	d Address of New R	gisterec	J Agent	
CORPORATION SERVICE COMPANY					Name					
1201 HAYS STREET			Street Address		ress (P.O. Box Num	ber is Not Acceptable	)	<del></del>	<del></del>	
TALLAHASSEE, FL 32301-2525										
					City			F	L Zip Cod	le
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 a										and accept
the obligations of registered agent.										
SIGNATURE Sprikture, byood or printed name of highespread agent and title if applicable. (NOTE: Registered Agent signature required when revisitating)  DATE										
						•				
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									payable to ment of Stat	<b>.</b>
g.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGE	S	
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11. I hereby certify that the information supplied with this filling 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 each; that I am a managing member or manager of the limited Hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.