


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

1/21 **FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90071 010 \*\*\*143.75

<b>DOCUMENT # L07000045033</b>					
1. Entity Name NECO INVESTMENTS, LLC.					
Principal Place of Business 4564 WETHERBEE ROAD ORLANDO, FL 32824			Mailing Address 4564 WETHERBEE ROAD ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INDERDEO, DHANRAJ 4564 WETHERBEE ROAD ORLANDO, FL 32824			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 <u>Dhanraj Indrdeo</u>		DATE <u>01-24-08</u>			
<small>Signature filed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when re-registering)</small>		<small>DATE</small>	
<b>FILE NOW! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$338.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INDERDEO, DHANRAJ		NAME		
STREET ADDRESS	4564 WETHERBEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 808, Florida Statutes.					
SIGNATURE: <u>Dhanraj Indrdeo</u>		Title: <u>President</u>		Date: <u>01-24-08</u> Daytime Phone #: <u>407-839-0578</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Title</small>		<small>Date</small> <small>Daytime Phone #</small>	

