

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

04-28-2008 90053 012 ***138.75

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01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-020403 Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000049648
1. Entity Name
BINNS INVESTMENTS GROUP, L.L.C.



Principal Place of Business
3966 BERKLEY RD
ABURDALE, FL 33823

Mailing Address
3966 BERKLEY RD
ABURDALE, FL 33823

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Auburndale

City & State
Auburndale

Zip Country Zip Country

8. Name and Address of Current Registered Agent
BINNS, ROBERT W
3966 BERKLEY RD
ABURDALE, FL 33823

7. Name and Address of New Registered Agent
Name Melissa A Binns
Street Address (P.O. Box Number is Not Acceptable)
3966 Berkley Rd
Auburndale, FL
City FL Zip Code 33823

9. 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 [Signature] / [Signature] DATE 4/23/08
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNS, ROBERT W		NAME		
STREET ADDRESS	3966 BERKLEY RD		STREET ADDRESS		
CITY-ST-ZIP	ABURDALE, FL 33823		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNS, MELISSA A		NAME		
STREET ADDRESS	3966 BERKLEY RD		STREET ADDRESS		
CITY-ST-ZIP	ABURDALE, FL 33823		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		
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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 608, Florida Statutes.

SIGNATURE: [Signature] DATE 4/23/08 (863) 981-9685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE