

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052064

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** FEDERAL BUSINESS INVESTIGATING CO., LLC

**Current Principal Place of Business:**

10305 102ND TERRACE  
SUITE # 103  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

10305 102ND TERRACE  
SUITE # 103  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 26-0328491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SMITH, ROBERT  
10305 102ND TERRACE  
SUITE # 103  
SEBASTIAN, FL 32958 US

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: COOK, JOSEPH  
Address: 10305 102ND TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM ( ) Delete  
Name: DAVIS, JOHN  
Address: 10305 102ND TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN MOORE

BOM

05/01/2008

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