

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100930

FILED  
May 16, 2008  
Secretary of State

**Entity Name:** FLORIDA OPPORTUNITY INVESTMENTS, LLC

**Current Principal Place of Business:**

1886 SE BOMA AVENUE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1667  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 14-2010996      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:**

JENSEN, JEROME H  
1886 SE BOMA AVENUE  
PORT ST. LUCIE, FL 34952      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: MEEK, ROBERT  
Address: 1566 WILSHIRE DRIVE NE  
City-St-Zip: ROCHESTER, MN 55906

Title: MGRM      ( ) Delete  
Name: MCPEAK, JAMES  
Address: 1438 STOPPEL LANE SW  
City-St-Zip: ROCHESTER, MN 55902

**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: JEROME H. JENSEN

R.A.

05/16/2008

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