

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111809

FILED
Mar 20, 2008
Secretary of State

Entity Name: INGRID INVESTMENTS, L.L.C.

Current Principal Place of Business:

4700 RIVERSIDE DRIVE, SUITE 110
CORAL SPRINGS, FL 33067

New Principal Place of Business:

4700 RIVERSIDE DRIVE
SUITE 110
CORAL SPRINGS, FL 33067

Current Mailing Address:

4700 RIVERSIDE DRIVE, SUITE 110
CORAL SPRINGS, FL 33067

New Mailing Address:

4700 RIVERSIDE DRIVE
SUITE 110
CORAL SPRINGS, FL 33067

FEI Number: 26-2188721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLAREN, LINDA O
4700 RIVERSIDE DRIVE, SUITE 110
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

MACLAREN, LINDA O
4700 RIVERSIDE DRIVE
SUITE 110
CORAL SPRINGS, FL 33067 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:

03/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: ECKLER, DONALD A
Address: 4700 RIVERSIDE DRIVE, SUITE 110
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MRS () Change (X) Addition
Name: ECKLER, JOANNE M
Address: 4700 RIVERSIDE DRIVE, SUITE 110
City-St-Zip: CORAL SPRINGS, FL 33067

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: DONALD A. ECKLER

MR

03/20/2008

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