

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008** 5/1

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                            |                                                                                |                                                                                                              |      |
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| <b>DOCUMENT # L07000115434</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                            |                                                                                |                             |      |
| 1. Entity Name<br><b>BETTER BUILT INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                            |                                                                                |                                                                                                              |      |
| Principal Place of Business<br><b>7600 SOUTHLAND BLVD., SUITE 100<br/>ORLANDO FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                            | Mailing Address<br><b>7600 SOUTHLAND BLVD., SUITE 100<br/>ORLANDO FL 32809</b> |                                                                                                              |      |
| 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                                                                        | 4. FEI Number <b>26-1483799</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |      |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                            |                                                                                |                                                                                                              |      |
| 6. Name and Address of Current Registered Agent<br><b>MARSAN, JEAN<br/>7600 SOUTHLAND BLVD., SUITE 100<br/>ORLANDO FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                          |                    |                            | 7. Name and Address of New Registered Agent                                    |                                                                                                              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                            | 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 _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                            |                                                                                |                                                                                                              |      |
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/> <b>After May 1, 2008, Fee WILL Be \$538.75</b><br/> <b>Make Check Payable to Florida Department of State</b></p>                                                                                                                                                                                                                                                                                                                                              |                    |                            |                                                                                |                                                                                                              |      |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                            |                                                                                |                                                                                                              |      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME               | STREET ADDRESS             | CITY-ST-ZIP                                                                    | TITLE                                                                                                        | NAME |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>JEAN MARSAN</b> | <b>7600 SOUTHLAND BLVD</b> |                                                                                |                                                                                                              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ORLANDO FL</b>  | <b>32809</b>               |                                                                                |                                                                                                              |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                            |                                                                                |                                                                                                              |      |
| 11. I hereby certify that the information supplied with this filing does not equally for the exemptions contained in Section 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 699, Florida Statutes. |                    |                            |                                                                                |                                                                                                              |      |
| SIGNATURE:  <b>JEAN MARSAN</b> <b>04-17-08</b>                                                                                                                                                                                                                                                                                                                                                                        |                    |                            |                                                                                |                                                                                                              |      |