


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L96000000396	
1. Entity Name ANGELIQUE INVESTMENT L.C.	

Principal Place of Business 222 NEBIT STREET PUNTA GORDA, FL 33950	Mailing Address P.O. BOX 510308 PUNTA GORDA, FL 33951-0308
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03232007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0671777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HORNER, MICHAEL J 222 NEBIT STREET PUNTA GORDA, FL 33950

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUER, MANFRED 22000BROADRANCH DRIVE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUER, DIRK 22000BROADRANCH DRIVE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUER, SVEN 22000BROADRANCH DRIVE PORT CHARLOTTE, FL 33948
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<p>U00000706077 04/24/07-80017-025 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: M. SAUER, MANFRED SAUER 04/11/07, 941-575-6405 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date</small> <small>Daytime Phone #</small>