## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L9800000740 1. Entity Name

261 INVESTMENT, L.C.

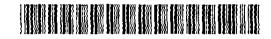
Principal Place of Business

932 GOLFVIEW TAMPA, FL 33629 Mailing Address
932 GOLFVIEW

932 GOLFVIEW TAMPA, FL 33629

US

FILED Mar 13, 2006 08:00 AM Secretary of State



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02272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3567765

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

SULLIVAN, PATRICIA C 932 GOLFVIEW TAMPA, FL 33629

NAME STREET ADDRESS

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named entity submits this statement for the purpose of challions of registered agent.	inging its registered office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and a	scept
Signature, typed or printed name of registered agent and offic if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	_
iling Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBERS/MANAGERS			
MGR	<del></del>		
SULLIVAN, PATRICIA C	1		-
932 GOLFVIEW		· - · · · · · · · · · · · · · · · · · ·	
TAMPA, FL 33629			
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	<b>:</b>	03/23/06-20031-003 22:00	
	Signature, typed or printed name of registered agent and othe if applicable.  Iling Fee is \$50.00  WANAGING MEMBERS/MANAGERS  MGR  SULLIVAN, PATRICIA C  932 GOLFVIEW	Signature, typed or printed name of registered agent and afte if applicable. (NOTE: Registered Agent signature required when reinstating)  ling Fee is \$50.00  we by May 1, 2006  MANAGING MEMBERS/MANAGERS  MGR SULLIVAN, PATRICIA C 932 GOLFVIEW	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 a ions of registered agent.  Signature, typed or privided remove of registered agent and alte if applicable. (NOTE: Registered Agent signature required when refreshing)  DATE  Ing Fee 1s \$50.00  WANAGING MEMBERS/MANAGERS  MGR SULLIVAN, PATRICIA C  932 GOLFVIEW

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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: 10/ MICIA C. Sullus.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #