

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L99000003562

1. Entity Name

GROSS INVESTMENTS, LLC



**FILED
Feb 15, 2006 8:00 am
Secretary of State**

02-15-2006 90135 026 ****50.00



Principal Place of Business
25 E. 17TH STREET
ST CLOUD FL 34769

Mailing Address

25 E. 17TH STREET
ST CLOUD FL 34769

2. Principal Place of Business
1136 New York Ave

Suite, Apt. #, etc.

3. Mailing Address
1136 New York Ave.

Suite, Apt. #, etc.

City & State
ST. Cloud, FL

City & State
ST. Cloud, FL

Zip
34769

Zip
34769

Country

Country

4. FEI Number
59-3581963

Applied For
Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSS, C.N. JR
25 E. 17TH ST
SAINT CLOUD FL 34769

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

		10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, C.N. JR		
STREET ADDRESS	25 E. 17TH STREET		
CITY-ST-ZIP	ST CLOUD FL 34769		
TITLE	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, C.N. III		
STREET ADDRESS	25 E. 17TH STREET		
CITY-ST-ZIP	ST CLOUD FL 34769		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify 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 608, Florida Statutes.

SIGNATURE:

John M. Managing Member

2-2-06 407-957-4444

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

Date

Daytime Phone #