## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT #1 99000005025



FILED May 04, 2006 8:00 am Secretary of State

1. Entity Narme XIRR INVESTMENTS PARTNERS, L.L.C.							05-04-2006	90027 00	)9 ****5(	0.00
Principal Plac 101 EAST KE TAMPA, FL 3	NNEDY BLV	s /D, STE 3300	Mailing Address 101 EAST KENNEDY BLVD, STE 3300 TAMPA, FL 33602		60036492					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State			4. FEI Numb			_ <del>                                    </del>	plied For at Applicable	
Zìp	Zip Country		Zip	Country			e of Status Desired	ا ت	5.00 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
JUNG, MING G 101 EAST KENNEDY BLVD., STE 3300					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33602										
. ;					City			FL	Zip Code	e
	named entit ions of regist	ty submits this statement for tered agent.	the purpose of changing its	registere	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)								DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
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9.	ue by Ma			10.		···		a Departme	nt of State	
D	MGRM	y 1, 2006	RS/MANAGERS	10. TITLE			Florida	a Departme		₽ Addilion
9.	MGRM SPURLIN	MANAGING MEMBER  THORWITZ, ANGELA RUSSELL ST.		TITLE NAM! STRE			Florida	a Departme	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-2IP	MGRM SPURLIN 6223 S. R TAMPA, I	MANAGING MEMBER  HHORWITZ, ANGELA RUSSELL ST. FL 33611		TITLE NAM! STRE CITY-	e et address -St-Zip		Florida	a Departme	nt of State	
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I hereby certify that the information supplied with this filling 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: WALLE HOW THE SIGNATURE AND THEE OF PRINTED MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE