## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

ANITORIA ILE. VIII.				Secretary of State	
DOCUMENT # L9900008376  1. Entity Name SRI INVESTMENTS, LLC				Secretary of State	
Principal Place 4720 RADIO NAPLES, FL	ROAD	Mailing Address 4720 RADIO ROAD NAPLES, FL 34103		1 (1850/18)   1866   1870   1870   1880   1880   1880   1880   1870   1870   1870   1870   1870   1870   1870	
DO NOT WRITE IN THIS SPA			CE	04082006 No Chg-LLC CR2E083 (11/05)  4. FEI Number	
<u> </u>	A Name and Address of Column 5	On eletered Agent	<del>,</del>	Fee Required	
6. Name and Address of Current Registered Agent  NOVATT, JEFF M ESQ. 821 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102				DO NOT WRITE IN THIS SPACE	
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 protest name of registered agent and life if applicables. (NOTE Registered Agent signature required when reinstating).  DATE					
Filing Fee Is \$50.00 Due by May 1, 2006					
9.	MANAGING MEMBE	IS/MANAGERS	-		
TITLE NAME STREET ADDRESS CITY-ST-EW	MGRM SEWARD, WM. BRYAN 4720 RADIO ROAD NAPLES, FL 34103	:. 			
iisle name Sirlli address City-St-Zip			U00000547189 05/12/06-80014-006 50.00 DO NOT WRITE IN THIS SPACE		
TIFLE MAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-719					
TITLE NAME STREET ADDRESS					

11. I hereby certily 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 shot than legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or frustee expowered to execute his report as required by Shapter 608, Florida Statutes.

SIGNATURE

CHY-SI-ZIP
HILE
NAME
SINCE! ADDRESS
CHY-SI-ZIP

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-06

Opytime Phone #