




**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90351 037 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

60010014



DOCUMENT # M05000005986			
1. Entity Name FLA INVESTMENTS, LLC			
Principal Place of Business 107 N. CENTER ST. STE B NORTHVILLE, MI 48167		Mailing Address 107 N. CENTER ST. STE B NORTHVILLE, MI 48167	
2. Principal Place of Business <i>120 W. MAIN ST.</i>		3. Mailing Address <i>120 W Main St.</i>	
Suite, Apt. #, etc. <i>206</i>		Suite, Apt. #, etc. <i>206</i>	
City & State <i>Northville MI</i>		City & State <i>Northville MI</i>	
Zip <i>48167</i>	Country <i>USA</i>	Zip <i>48167</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  FRANCHI, RUSSELL G 755 GRAND BLVD., SUITE B 105 DESTIN, FL 32550		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>One Beach Club Drive</i> <i># 905</i> City <i>Miramar Beach</i> FL Zip Code <i>32550</i>	
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 		Russell G Franchi	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCHI, RUSSELL G 107 N. CENTER ST. STE B NORTHVILLE, MI 48167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Beach Club Drive # 905</i> <i>Miramar Beach, FL 32550</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Russell G Franchi	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <i>3-7-06</i>	
		Daytime Phone #	