


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90042 007 ***138.75

DOCUMENT # M06000004558 1. Entity Name MTW INVESTMENT FINANCING, LLC					
Principal Place of Business 5140 GALAXIE DR., STE. 204 JACKSON, MS 39206			Mailing Address 5140 GALAXIE DR., STE. 204 JACKSON, MS 39206		
2. Principal Place of Business - No P.O. Box # 4 Country Place		3. Mailing Address 4 Country Place			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pearl, MS		City & State Pearl, MS		01102008 Chg-LLC CR2E083 (12/06)	
Zip 39208		Country USA		4. FEI Number 57-1185086	
Zip 39208		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 <u>W.</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAVELSTEAD, JOEL 5140 GALAXIE DR., STE. 204 JACKSON, MS 39206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager W. Marshall Wolfe 4 Country Place Pearl, MS 39208
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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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: <u>W. Marshall Wolfe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/10/08 601-936-0803 <small>Date Daytime Phone #</small>		