

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033414

FILED
May 05, 2008
Secretary of State

Entity Name: LELANDA INVESTMENTS, LLC

Current Principal Place of Business:

3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618

New Principal Place of Business:

10175 W. TWAIN AVE #130
LAS VEGAS, NV 89147

Current Mailing Address:

3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618

New Mailing Address:

10175 W. TWAIN AVE #130
LAS VEGAS, NV 89147

FEI Number: 01-0758583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WU, DAVID
3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: GM () Delete
Name: WU, YOLANDA
Address: 1105 MARQUINA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: MM () Delete
Name: WU, LEON
Address: 1105 MARQUINA DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: GM (X) Change () Addition
Name: WU, YOLANDA
Address: 10175 W. TWAIN AVE #130
City-St-Zip: LAS VEGAS, NV 89147

Title: MM (X) Change () Addition
Name: WU, LEON
Address: 10175 W. TWAIN AVE #130
City-St-Zip: LAS VEGAS, NV 89147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YOLANDA WU

GM

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date