2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

SIGNATURE:

Mar 14, 2008 8:00 am DOCUMENT # L03000030470 **Secretary of State** 1. Entity Name 03-14-2008 90204 010 ***138.75 46TH STREET INVESTMENTS, LLC. Principal Place of Business Mailing Address 6500 COWKEN ROAD 6500 COWKEN ROAD SUITE 305 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 15321 nw 60th ave 5321 NW 6 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) 100 100 City & State City & State 4. FEI Number Applied For Miame 75-3131028 Mianu to Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 33014 33014 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEIL, DANIEL M 3165 WEST 4 AVENUE Box Number is Not Acceptable) HIALEAH FL 33012 Zip Code 33014 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 printed name of registered agent and title if applicable. (NOTE: Relictored Agent sig inture required when remarking) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR. Toledo, Evelio A Achange 8325 XW 158 Terra \$100 TITLE MGR TITLE ☐ Delete ☑ Change Addition TOLEDO, EVELIO A NAME STREET ADDRESS 16212 NW 82 CT STREET ADDRESS HIAICAH, FL. 33016 017Y-51-7/P CITY-ST-7IP MIAMI LAKES FL 33016 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE - Addition Change CIRCLI ARBRESS STREET ADDITION CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP trimation supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I turther certify that the information use 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the in limited liability company

HATED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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