2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041383

1. Entity Name

110 STREET INVESTMENTS, LLC



16462 N.E. 34 AVE.

Principal Place of Business

NORTH MIAMI BEACH, FL 33160

Mailing Address 16462 N.E. 34 AVE, NORTH MIAMI BEACH, FL 33160 FILED Mar 29, 2006 08:00 AM Secretary of State



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0117863 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GARIBOTO, DANIEL 16462 N.E. 34 AVE. NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

		}	
6. The above the obligat	named entity submits this statement for the purpose of chan tilons of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Standure, whed or printed name of registered agent and tife if applicable.	(NOTE: Registered Agent signature required when reinstailing)	DATE
F	lling Fee is \$50.00 ue by May 1, 2008	then in the legislation when the prime and the second second in the second second in the second seco	
9.	MANAGING MEMBERS/MANAGERS		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM GARIBOTTO, DANIEL 18462 N.E. 34 AVE. NORTH MIAMI BEACH, FL 33160		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARIBOTTO, MARLI 16462 N.E. 34 AVE. NORTH MIAMI BEACH, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	
TITLE NAME STREET ADDRESS			

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 it 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:

CITY-ST-ZiP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/00

305-757-8000

Daytime Phone #