


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90194 033 ****55.00

DOCUMENT # L04000094344	
1. Entity Name LAND O'SUN INVESTMENTS, LLC	

Principal Place of Business 4061 EL PRADO BOULEVARD COCONUT GROVE, FL 33133	Mailing Address 4061 EL PRADO BOULEVARD COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box # 229 - 28th Street	3. Mailing Address 229 - 28th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State West Palm Beach, Florida	City & State West Palm Beach, FL
Zip 33407	Country USA



04292007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent DIAZ, JUAN ESQUIRE 5800 NORTHWEST 74TH AVENUE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 229 - 28th Street City West Palm Beach FL Zip Code 33407	
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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 Juan Diaz, Esq. DATE April 27, 2007
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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, JUAN 4061 EL PRADO BOULEVARD COCONUT GROVE, FL 33133 <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
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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: Juan Diaz, Esq. April 27, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #