

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006842

FILED
Mar 06, 2007
Secretary of State

Entity Name: ARNIC INVESTMENTS GROUP, L.L.C.

Current Principal Place of Business:

1330 WEST AVE.
SUITE #908
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1330 WEST AVE.
SUITE #908
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE 105
MIAMI BEACH, FL 33139 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: MGRM () Delete
Name: VOLKENBORN, ARNOLD
Address: 1330 WEST AVE. #908
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: VOLKENBORN, NICOLAAS J
Address: 1330 WEST AVE. #908
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: VOLKENBORN, ARNOLD PAUL
Address: 1330 WEST AVE. #908
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNOLD VOLKENBORN MGRM 03/06/2007

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