


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90171 023 ****50.00

DOCUMENT # L05000112611

1. Entity Name
1107 INVESTMENTS, LLC



Principal Place of Business
2307 S DOUGLAS ROAD
SUITE 400
MIAMI, FL 33145 US

Mailing Address
2307 S DOUGLAS ROAD
SUITE 400
MIAMI, FL 33145 US

20005204



02032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
2900 GRADES CIRCLE
 Suite, Apt. #, etc.
850

3. Mailing Address
2900 GRADES CIRCLE
 Suite, Apt. #, etc.
850

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number
20-3828797

Applied For
 Not Applicable

Zip
33327

Country
BROWARD

Zip
33327

Country
BROWARD

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OVIES, EDUARDO E 2307 S DOUGLAS ROAD SUITE 400 MIAMI, FL 33145	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code

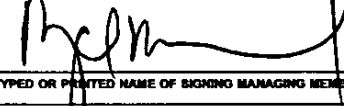
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2006	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 ALVAREZ, ENRIQUE J 708 WEST PALM AIR DR POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALVAREZ, ENRIQUE J. 708 WEST PALM AIR DR POMPANO BEACH, FL 33069 <input checked="" 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	VICE-PRESIDENT PAUL BRICENO 2900 GRADES CIRCLE, SUITE 850 WESTON, FL, 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LUI'S HERNANDEZ 2900 GRADES CIRCLE, SUITE 850 WESTON, FL, 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TOMAS GONZALEZ 2900 GRADES CIRCLE, SUITE 850 WESTON, FL, 33327 <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
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:  **2/4/2006** **954-3490351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #