

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

FILED
Apr 28, 2008 08:00 AM
Secretary of State


786-394-11



1st MOORE CR2E063 (10/07)

DOCUMENT # L06000018134

1. Entity Name
4200 W. INVESTMENT PROPERTIES, LLC



Principal Place of Exercise Mailing Address
 5641 OAK GARDEN TERRACE FT. LAUDERDALE FL 33312
 5641 OAK GARDEN TERRACE FT. LAUDERDALE FL 33312

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 State, Apt. #, etc. State, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FE Number: **20-4391617** Applied for: Not Applied for:
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LUTWAK, DEIVID
5641 OAK GARDEN TERRACE
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: LUTWAK, DEIVID STREET ADDRESS: 5641 OAK GARDEN TERRACE CITY-STATE-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000824703 05/19/08-80012-004 138.75
TITLE: MGRM NAME: FRANCO, DAVID STREET ADDRESS: 5641 OAK GARDEN TERRACE CITY-STATE-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-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 Section 119, Florida Statutes. I further certify that the information provided 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 855, Florida Statutes.

SIGNATURE:  **DEIVID LUTWAK** 4/24/08

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