

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035911

Entity Name: INVESTMENTS E&V, LLC

FILED  
Feb 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1820 N CORPORATE LAKES BLVD., SUITE 207  
WESTON, FL 33326

**New Principal Place of Business:**

1825 MAIN STREET  
WESTON, FL 33326

**Current Mailing Address:**

1820 N CORPORATE LAKES BLVD., SUITE 207  
WESTON, FL 33326

**New Mailing Address:**

1825 MAIN STREET  
WESTON, FL 33326

FEI Number: 20-4684128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOTALCORP BUSINESS CONSULTANTS  
1820 N CORPORATE LAKES BLVD.  
SUITE 206-8  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

TOTALCORP BUSINESS CONSULTANTS  
1825 MAIN STREET  
WESTON, FL 33326 US

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: CARMEN M HERNANDEZ

02/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARGENTINA CINZIA SAP, UTI  
Address: 1820 N CORPORATE LAKES BLVD., SUITE 207  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ARGENTINA CINZIA SAP, UTI  
Address: 1825 MAIN STREET  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: ARGENTINA CINZIA SAPUTI

MGRM

02/12/2009

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