2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # L06000047764 1. Entity Name 04-25-2007 90034 037 ****50.00 FMR INVESTMENTS LLC Principal Place of Business Mailing Address 2771 OCEAN CLUB BLVD., #103 HOLLYWOOD FL 30019-3849 P.O. BOX 813727 HOLLYWOOD FL 33081 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-4892981 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or orinted name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Deleie HHE ☐ Change ☐ Addition MGR NAME NAME MARTELL, FRANK STREET ADDRESS STREET ADDRESS 2771 OCEAN CLUB BLVD., #103 CHIY-ST-ZIP HOLLYWOOD FL 30019 CITY-ST-ZIP TIME ☐ Defete Change ■ Addition ST NAM MARTELL, FRANK STREET ADDRESS STREET ADDRESS 2771 OCEAN CLUB BLVD., #103 CATY - ST - ZIP HOLLYWOOD FL 30019 CHY-SI-ZIP Titlef Delete TITLE Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TILLE ☐ Delete THE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 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 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.

Frank Martell

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

SIGNATURE:

FILED