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

## May 14, 2008 8:00 am DOCUMENT # L06000047764 Secretary of State 05-14-2008 90081 025 \*\*\*138.75 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 1790 SE 23 Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) #4B City & State Applied For City & State 4. FEI Number 20-4892981 Ft.Lauderdale, FL Not Applicable Country USA Zip Country \$5.00 Additional 33316 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .\_SPIEGEL &.UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code FI 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, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent 5-grickline (Equired when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR THILE MGR Delete TITLE Change ☐ Addition Martell, Frank 1790 SE 23 Ave. #4B NAME MARTELL, FRANK NAME STREET ADDRESS STREET ADDRESS 2771 OCEAN CLUB BLVD., #103 Ft.Lauderdale, FL 33316 CITY-ST-ZIP HOLLYWOOD FL 30019 CITY-ST-ZIP ST Delete Change TITLE ilitE ☐ Addition Martell, Frank NAME MARTELL, FRANK NAME 1790 SE 23 Ave. #4B STREET ADDRESS 2771 OCEAN CLUB BLVD., #103 STREET ADDRESS Ft.Lauderdale, FL 33316 CITY-ST-ZIP HOLLYWOOD FL 30019 CITY-ST-ZiP THILE ☐ Delete Mille Change Addition NAME DAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TOTLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 to the 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E //////////////////////////////////Frank Martell 4/

**FILED** 

4/24/08 (954)349-7117

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