

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056510

FILED
Apr 30, 2008
Secretary of State

Entity Name: B.L.S. FLORIDA INVESTMENTS, L.L.C.

Current Principal Place of Business:

501 GOLDEN ISLES DRIVE STE 306B
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

501 GOLDEN ISLES DRIVE STE 306B
HALLANDALE, FL 33009

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCO, JAIME M ESQ
2875 N.E. 191 STREET STE 801
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUTTON, SALOMON
Address: 501 GOLDEN ISLES DR SUITE 206-B
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: LANIADO, SAUL
Address: 501 GOLDEN ISLES DR SUITE 206-B
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: BECHERANO, SALVADOR
Address: 501 GOLDEN ISLES DR SUITE 206-B
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SALOMON SUTTON

MGRM

04/30/2008

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