

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083794

Entity Name: 987 INVESTMENTS, LLC

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

10900 SW 97 AVENUE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10900 SW 97 AVENUE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-5501186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRERAS, GILBERT
10900 SW 97 AVENUE
MIAMI, FL 33176 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: PD () Delete
Name: CONTRERAS, GILBERT A
Address: 10900 SW 97 AVE
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: VP () Change (X) Addition
Name: CONTRERAS, GILBERTO M
Address: 10900 SW 97 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: CONTRERAS, MIRIAM
Address: 10900 SW 97 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: CONTRERAS, DAVID
Address: 10900 SW 97 AVE
City-St-Zip: MIAMI, FL 33176

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: DAVID CONTRERAS

D

03/31/2008

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