





**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90344 021 \*\*\*\*50.00

<b>DOCUMENT # M04000005681</b>					
1. Entity Name <b>SHERLON INVESTMENTS LLC</b>					
Principal Place of Business <b>600 BRICKELL AVE 800 MIAMI, FL 33131</b>			Mailing Address <b>600 BRICKELL AVE STE 800 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>777 Brickell Ave.</b>		3. Mailing Address <b>777 Brickell Ave.</b>			
Suite, Apt. #, etc. <b>suite 808</b>		Suite, Apt. #, etc. <b>suite 808</b>			
City & State <b>Miami, Fl.</b>		City & State <b>Miami, Fl.</b>		03282007 Chg-LLC CR2E083 (12/06)	
Zip <b>33131</b>		Country <b>USA</b>		4. FEI Number <b>20-1875788</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent		
			Name <b>Loretta Cockrum</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>777 Brickell Avenue suite 808</b>		
			City <b>Miami</b>		
			FL Zip Code <b>33028</b>		
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 		<b>Loretta Cockrum</b>		DATE <b>3/29/07</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAT, NG LU 600 BRICKELL AVE STE 800 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	777 Brickell Ave., suite 808 Miami, Fl. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PO LENG LAM, YVONNE 600 BRICKELL AVE STE 800 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	777 Brickell Ave., suite 808 Miami, Fl. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCKRUM, LORETTA 600 BRICKELL AVE STE 800 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	777 Brickell Ave., suite 808 Miami, Fl. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: 		<b>Loretta Cockrum</b>		DATE <b>3/29/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small> <b>305-358-5807</b>	