

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90190 019 ****50.00

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02082006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000012516 1. Entity Name LIMI INVESTMENTS, LLC					
Principal Place of Business 2101 BRICKELL AVENUE #2005 MIAMI, FL 33129			Mailing Address 2101 BRICKELL AVENUE #2005 MIAMI, FL 33129		
2. Principal Place of Business 2101 Brickell Avenue Suite, Apt. #, etc. Apt. # 2006 City & State Miami FL Zip 33129 Country U.S.A		3. Mailing Address 2101 Brickell Avenue Suite, Apt. #, etc. Apt. # 2006 City & State Miami, FL Zip 33129 Country U.S.A		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VOLPE, FRANCESCO 2101 BRICKELL AVENUE #2005 MIAMI, FL 33129			7. Name and Address of New Registered Agent Name Francesco Volpe Street Address (P.O. Box Number is Not Acceptable) 2101 Brickell Avenue, Apt. # 2006 City Miami State FL Zip Code 33129		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCESCO, VOLPE 2101 BRICKELL AVENUE MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Francesco Volpe 2101 Brickell Avenue, Apt. # 2006 Miami, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCESCO, VOLPE 2101 BRICKELL AVENUE MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			02-08-06 (786) 222-4443 <small>Date Daytime Phone #</small>		