


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90047 049 ****50.00

DOCUMENT # L02000031357					
1. Entity Name YALUMIM INVESTMENTS, LLC					
Principal Place of Business 100 N. BISCAYNE BLVD 700 MIAMI, FL 33132			Mailing Address C/O MOISES SZPONKA CCS 5136 PO BOX 025323 MIAMI, FL 33132-5323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3330 Ne 190st			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. #175			
City & State		City & State aventura, florida		4. FEI Number 36-4518018	
Zip		Country		Zip 33180	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent STANISE, JOHN FILLY, STANISE & CO. PA'S 1SE 3RD AVE NE SUITE 1445 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTOUT, JACOBO 3610 YACHT CLUB DR APT 601 MIAMI, FL 331803558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTOUT, JACOBO 3330 NE 190st apt 715 Aventura, Florida 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE MATTOUT, TAMARA S 3630 YACHT CLUB DR APT 601 MIAMI, FL 331803558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE MATTOUT, TAMARA S 3330 NE 190st apt 715 Aventura, Florida 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTOUT, SION 3630 YACHT CLUB DR APT 601 MIAMI, FL 331803558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTOUT, SION 3330 NE 190st apt 715 Aventura, Florida 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MATTOUT, ESTHER MIZRAHI 3630 YACHT CLUB DR APT 601 MIAMI, FL 331803558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MATTOUT, ESTHER MIZRAHI 3330 NE 190st apt 715 Aventura, Florida 33180
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: <u>Jacobo Mattout</u> January 10, 2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					