2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000024424

Entity Name: INVESTMENTS 4-D FUTURE, LLC

Current Principal Place of Business:

9499 COLLINS AVE
APT 204
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9499 COLLINS AVE
APT 204
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-3407294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPO, JAIME
9499 COLLINS AVE
APT 204
SURFSIDE, FL 33154 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: DEHAZZI, NANCY O
Address: 11451 NW 51ST LN
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete
Name: RODRIGUEZ, CAROLINA
Address: 310 LAKEVIEW DR, STE 201
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete
Name: CAMPO, JAIME
Address: 310 LAKEVIEW DR, STE 201
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete
Name: CARDONA, JAIME
Address: CRA 115 #6-28 MIRMONTES A
City-St-Zip: CASA 16, CALI COLOMBIA,

Title: MGRM ( ) Delete
Name: SALGADO, JAIME
Address: 5620 NW 107 AVE #1505
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete
Name: CURY, JORGE
Address: 14012 NW 15TH DR
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CUELLAR, JOSE F
Address: 8107 SW 72ND AVE APT 406E
City-St-Zip: MIAMI, FL 33143

Title: MGRM (X) Change ( ) Addition
Name: RODRIGUEZ, CAROLINA
Address: 9499 COLLINS AVE APT 204
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM (X) Change ( ) Addition
Name: CAMPO, JAIME
Address: 9499 COLLINS AVE APT 204
City-St-Zip: SURFSIDE, FL 33154

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: JAIME CAMPO MGRM 04/30/2007

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