2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

11. I hereby certify that the information

indicated on this report is true and accurate and t limited liability company or the receivor or trustee

tion supplied with this

FILED Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # L05000014827 1. Entity Name DEMORO INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 48 EAST FLAGLER STREET PH-105 MIAMI FL 33131 48 EAST FLAGLER STREET PH-105 MIAMI FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 35-0145509 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSKOVITZ, DANIEL ESQ Stroot Address (P.O. Box Number is Not Acceptable) 48 EAST FLAGLER STREET PH-105 **MIAMI FL 33131** Zip Code 8. The above named onlity 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE,IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILE MGR ☐ Delete TITLE Change Addition NAME ROK, SERGIO NAME U00000743067 STREET ADDRESS 48 EAST FLAGLER STREET PH-105 STREET ADDRESS 05/15/07-80096-002 50.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP ☐ Delete □ Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-S1-7IP CITY-SI-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

is fijing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes