

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90072 027 \*\*\*138.75

**DOCUMENT # L04000022811**  
 1. Entity Name  
 168 CAPITAL INVESTMENT, L.L.C.



Principal Place of Business 168 S.E. 1ST STREET, STE 600 MIAMI, FL 33131	Mailing Address 168 S.E. 1ST STREET, STE 600 MIAMI, FL 33131
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**60004335**



**DO NOT WRITE IN THIS SPACE**

01212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>83-0392478</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROMAN, NORBERTO M  
 168 S.E. 1ST STREET, 6TH FLOOR  
 MIAMI, FL 3313

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROMAN, NORBERTO M 168 S.E. 1ST STREET, 6TH FLOOR MIAMI, FL 3313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEIN, JORGE E 168 SE 1ST STREET STE 600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROMAN, NORBERTO M 168 SE 1ST STREET 6TH FLOOR MIAMI, FL 33131
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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:** **Norberto Roman** **01-22-08 (305) 381-6810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #