


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90135 024 ***138.75

DOCUMENT # L03000012893
 1. Entity Name
 4518 INVESTMENTS L.L.C.



Principal Place of Business 10520 NW 26 ST C201 DORAL, FL 33172	Mailing Address 10520 NW 26 ST C201 DORAL, FL 33172
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60010353



02112008 No Chg-LLC CR2E083 (12/07)

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4. FEI Number 56-2347107	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 CABANAS & ASSOCIATES, P.A.
 10520 NW 26 ST
 C201
 DORAL, FL 33172

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SPAGNUOLO, LUIGI 10520 NW 26TH ST SUITE C201 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPAGNUOLO, AMALIA 10520 NW 26TH ST SUITE C201 DORAL, FL 33172
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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:  DATE: 02/22/08 (305) 513 3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Luigi Spagnuolo