


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90204 010 ***138.75

DOCUMENT # L03000030470

1. Entity Name
46TH STREET INVESTMENTS, LLC.



Principal Place of Business Mailing Address
6500 COWKEN ROAD SUITE 305 MIAMI LAKES FL 33014 **6500 COWKEN ROAD SUITE 305 MIAMI LAKES FL 33014**



2. Principal Place of Business - No P.O. Box #
15321 NW 60th Ave.

3. Mailing Address
15321 NW 60th Ave

Suite, Apt. #, etc. City & State
#100 **Miami Lakes, Fl.**

Zip Country
33014 **Fla.**

1st MOORE CR2E083 (10/07)

4. FEI Number **75-3131028** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
KEIL, DANIEL M
3165 WEST 4 AVENUE
HIALEAH FL 33012

7. Name and Address of New Registered Agent
 Name **Evelio A. Toledo**
 Street Address (P.O. Box Number is Not Acceptable)
15321 NW 60th Ave.
#100
 City **Miami Lakes, FL** Zip Code **33014**

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.

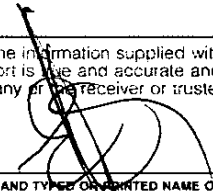
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLEDO, EVELIO A 16212 NW 82 CT MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Toledo, Evelio A 8325 NW 158 TERRA #100 HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **03/04/08**

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