


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 **6500 COWKEN ROAD**
SUITE 305 **SUITE 305**
MIAMI LAKES FL 33014 **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. Suite, Apt. #, etc.
#100 **#100**

1st MOORE CR2E083 (10/07)

City & State City & State
Miami Lakes, Fl. **Miami Lakes, Fl.**

Zip Country Zip Country
33014 **Fla.** **33014** **Fla.**

4. FEI Number Applied For

75-3131028 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 _____ DATE _____

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

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

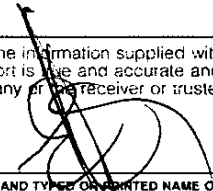
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| 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 |
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| 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #