2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 18, 2007 08:00 AM **DOCUMENT # L00000001508 Secretary of State** LIGFRA INVESTMENT, L.L.C. Principal Place of Business Mailing Address 166 CLARK ST 166 CLARK ST LABELLE, FL 33935 LABELLE, FL 33935 01042007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1003436 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLAZAS-OZEKI, LIGIA DO NOT WRITE 166 CLARK ST LABELLE, FL 33935 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE **MGRM** PLAZAS-OZEKI, LIGIA NAME STREET ADDRESS 166 CLARK ST U00000591825 01/19/07-80039-011 50.00 CITY-ST-ZIP LABELLE, FL 33935 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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: /

NAME STREET ADDRESS CITY-ST-ZIP ITTLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #