2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000002902

1. Entity Name SOULGI INVESTMENTS, L.L.C.

Principal Place of Business Mailing Address

3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160



FILED Jan 11, 2007 08:00 AN Secretary of State



3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160



01082007 No Chg-LLC

CR2E083 (11/05)

	 \$5.00	Ariditional
65-1004286	 $-\square$	Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

\$5.00 Addition: Fee Required

6. Name and Address of Current Registered Agent

SOULIAGUINE, EUGENI 3469 NE 169 STREET NORTH MIAMI BEACH, FL 33160

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.						
SIGNATL	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE	<u>-</u>		
	Filing Fee is \$50.00 Due by May 1, 2007		U00000582031 01/11/07-80015-024 50.00	- .		
9.	MANAGING MEMBERS/MANAGERS			:		
TITLE	MGR	-				

NAME STREET ADDRESS CITY-ST-ZIP	SOKROVICHTCHOUK, RODION 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOULIAGUINE, EVGUENI 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	cadifu that the information sumplied with this filling does not qualifu for the ex	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

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

1/08/07 305-725-9599

Daytime Phone #