




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90024 007 ****50.00

DOCUMENT # L00000010582					
1. Entity Name SOUTH AMERICA INVESTMENTS, L.L.C.					
Principal Place of Business 8206 NW 30 TER MIAMI, FL 33122			Mailing Address 8206 NW 30 TER MIAMI, FL 33122		
2. Principal Place of Business 151 N. Hibiscus DR.		3. Mailing Address 151 N. Hibiscus DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Beach, FL		City & State Miami Beach, FL			
Zip 33139		Country USA		03302006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1041145		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ROBINSON, WESLEY MESQ. 501 BRICKELL KEY DRIVE, SUITE 504 MIAMI, FL 33134			
7. Name and Address of New Registered Agent		Name ADRIANA E. HAUB Street Address (P.O. Box Number is Not Acceptable) 151 N. HIBISCUS DRIVE City Miami Beach FL Zip Code 33139			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUB, ADRIANA H 8206 NW 30 TER MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUB, ADRIANA E. 151 N. HIBISCUS DRIVE Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPADARO, ALFREDO D 8206 NW 30 TER MIAMI, FL 33122	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 5/2/2006 (205) 695-9155 <small>Daytime Phone #</small>		