## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000001017** 03-24-2008 90241 003 \*\*\*138.75 1. Entity Name DUNA INVESTMENTS, L.C. Principal Place of Business Mailing Address 60016927 123 S.E. THIRD AVENUE 2 SOUTH BISCAYNE BLVD, **SUITE 2630** # 404 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 750 Third Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 03142008 CR2E083 (12/06) Chg-LLC #106 City & State 4. FEI Number Applied For City & State Vero Beach, FL65-1085844 Not Applicable Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 32962 Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Unlimited Source Marketing Company AHAH, L.C. Street Address (P.O. Box Number is Not Acceptable) 750 THIRD CIRCLE # 106 #106 VERO BEACH, FL 32962 Zip Code 32962 <sup>City</sup>Vero Beach 8. The above named entity submits this statement for the purpose of chapging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Christina Collins, President Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition ☐ Delete TITLE TITLE COLLINS, CHRISTINA NAME NAME STREET ADDRESS STREET ADDRESS 123 S.E. THIRD AVENUE, #404 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting 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 truster empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Christina Collins, Manager 3/21/08

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

FILED Mar 24, 2008 8:00 am

Secretary of State

Davime Phone #