


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**


02-15-2008 90051 011 \*\*\*138.75

<b>DOCUMENT # L01000006680</b>	
1. Entity Name <b>TAVMAR INVESTMENTS L.C.</b>	

Principal Place of Business <b>3191 CORAL WY #624 MIAMI, FL 33145</b>	Mailing Address <b>3191 CORAL WY #624 MIAMI, FL 33145</b>
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2. Principal Place of Business - No P.O. Box # <b>2828 CORAL WAY</b>	3. Mailing Address <b>2828 CORAL WAY</b>
Suite, Apt. #, etc. <b>308</b>	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>02-0538362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MELO, PAULO 3191 CORAL WY #624 MIAMI, FL 33145</b>	
ONLY CHANGE OF ADDRESS	

7. Name and Address of New Registered Agent	
Name <b>N/A</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2828 CORAL WAY</b>	
<b>SUITE # 308</b>	
City <b>MIAMI</b>	FL Zip Code <b>33145</b>

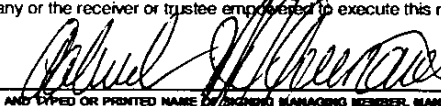
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COSTA CARVALHO, MARCOS T</b>		NAME <b>2828 CORAL WAY # 308</b>	
STREET ADDRESS <b>1501 BRICKELL AVE #505</b>		STREET ADDRESS <b>MIAMI, FL, 33145</b>	
CITY-ST-ZIP <b>MIAMI, FL 33129</b>			
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAVERS DE MELO, PAULO</b>		NAME <b>2828 CORAL WAY</b>	
STREET ADDRESS <b>1501 BRICKELL AVE #505</b>		STREET ADDRESS <b>MIAMI, FL, 33145</b>	
CITY-ST-ZIP <b>MIAMI, FL 33129</b>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **N/A** **02/12/08** **(305) 564 1163**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**PAULO TAVERS DE MELO**