2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007359

1. Entity Name
ONTARIO INVESTORS, LLC



FILED
Apr 21, 2008 08:00 AN
Secretary of State

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE

PH-2A

COCONUT GROVE, FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE

PH-2A

DO NOT WRITE IN THIS SPACE

COCONUT GROVE, FL 33133



03122008 No Chg-LLC

CR2E083 (12/07)

65-1101081 Not Applica	ble
4. FEI Number Applied For	

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE PH-2A COCONUT GROVE, FL 33133

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The above named entity submits this statement for the purpose of che the obligations of registered agent	anging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if appricable	(NOTE Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS MGRM TITLE KATZ, EZRA NAME STREET ADDRESS 2665 S BAYSHORE DRIVE CITY-ST-7IP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ΠΗF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE

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:

ND TYPEO OR PRINCED NAME OF

SIGNING MANAGING MENBER, OR AUTHORIZED REPRESENTATIVE

4/16/08

385-938-8627

Daytime Pnone