2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Feb 14, 2007 08:00 A		
1. Entity Nam	MENT # L010000 Ëstments, llc	13998		Secretary of State		
Principal Place of BusinessMailing Address8550 WEST FLAGLER STREET8550 WEST FLAGLER STREESUITE 116SUITE 116MIAMI, FL 33144MIAMI, FL 33144			EET			
D		TE IN THIS SP	ACE	01042007 No Chg-LLC CR2E083 (11/05)   4. FEI Number Applied For   65-1133678 Not Applicable   5. Certificate of Status Desired \$5.00 Additional   Fee Required Fee Required		
	6. Name and Address of Cu					
LAW OFFICES OF CARRILLO & CARRILLO, P.A. 1401 PONCE DE LEON BLVD.				DO NOT WRITE		
SUITE 200 CORAL GABLES, FL 33134				IN THIS SPACE		
	Signsture, typed or printed name of registered liling Fee is \$50.00 ue by May 1, 2007		sglätered Agent signature required	d when reinstating) DATE		
9. TITLE NAME STREET ADDRESS	MANAGING M MGRM ABUD, CHARBEL 8550 WEST FLAGLER STR	EMBERS/MANAGERS		2		
CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33144 MGRM RAMIREZ, LEE 8550 WEST FLAGLER STR MIAMI, FL 33144	EET, SUITE 116		U00000636130 02/26/07-80004-009 50.00		
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP			a de la companya de la	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby o indicated limited lia	certify that the information supplie on this report is true and accura bility company or the receiver or	d with this filing does not qualify for the end that my signate of shall have the trustee empowered to execute this re	port as required by Cha	In the information of the apter 608, Florida Statutes.		
SIGNAT		AME OF SIGNING MANAGING MEMBER, OR AUTH	HORIZED REPRESENTATIVE			