
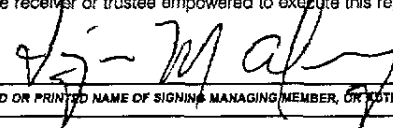


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011563</b>		
1. Entity Name <b>ALVAREZ BROTHERS INVESTMENTS, LLC</b>		
Principal Place of Business <b>1710 N.W. 17TH AVE. MIAMI, FL 33125</b>	Mailing Address <b>1710 N.W. 17TH AVE. MIAMI, FL 33125</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ALVAREZ, LAZARO M 1710 N.W. 17TH AVE. MIAMI, FL 33125</b>		<b>DO NOT WRITE IN THIS SPACE</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>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALVAREZ, LAZARO M 1710 N.W. 17TH AVE. MIAMI, FL 33125</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALVAREZ, VICTOR M 1710 N.W. 17TH AVE. MIAMI, FL 33125</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
<b>SIGNATURE: X</b>  <b>LAZARO M. ALVAREZ, PRES. 01/04/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**01-0686485**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000001394155  
01/25/06-80049-024 150.00