2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016111

1. Entity Name

BARÚCH INVESTMENTS LLC



Principal Place of Business Mailing Address

9450 N.W. 125TH SREET REDDICK, FL 32686 P.O. BOX 953 FAIRFIELD, FL 32634 FILED Jan 17, 2007 08:00 AM Secretary of State



01052007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number | | | Applied For | |
|----|------------|--|--|-------------|----------------|
| | 75-3067233 | | | | Not Applicable |
| _ | | | | \$5.00 | Additional |

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PICKETT, ROSE 9450 N.W. 125TH SREET REDDICK, FL. 32686

DO NOT WRITE IN THIS SPACE

| 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 tamiliar with, | and accept |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------|
| | the obligations of registered agent. | | |
| | | | |

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|-------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 'PICKETT, JOHN 9450 NW 125TH ST REDDICK, FL 32686 MGRM |
| NAME STREET ADDRESS CITY-ST-ZIP | PICKETT, ROSE 9450 NW 125TH ST REDDICK, FL 32686 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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DO NOT WRITE IN THIS SPACE

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Tose tidatt

Rose Pickett

1-12-07

4924

Daytime Phone #