FILED Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90253 025 ****50.00

2007 LIMITED LIABILITY COMPANY

	ANNUAL	REPORT							
1. Entity Nam	MENT # L02000017								
			100			60037	702		
Principal Place 760 FAIRWAY PLANTATION	/ DR	1540 ME 40 CT OAKEAND PARK, FL 33:	334		i (Benera en			san delah ber	221 ISI 1231
2. Principal P	lace of Business - No P.O. Box #	3 Mailing Address 760 FAIRWAY DR							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012007	Chg-LLC	CR2E083 ((12/06)	
City & State		PLANTATION			4. FEI Number 55-0786				plied For t Applicable
Zip	Country	33317	Country =	L	5. Certificate of	of Status Desired		.00 Add Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New F	egistered Age	nt	
	& UTRERA, PA. THWEST 22 STREET 4TH FL 33145			Address (F	P.O. Box Number	is Not Acceptable	9)		
,									
	<u> </u>		City				FL	Zip Code	
the obligati	named entity submits this statement for ions of registered agent.					i, in the State of Fi		liar with,	and accept
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent sign	sture required	when reinstating)		DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2007						e check paya a Department		,
9.	MANAGING MEMBE	RS/MANAGERS	10.	····		ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARTHELEMY, CHRISTIAN 1540 NE 40 CT	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE	OAKLAND PARK, FL 33334	Delete	TITLE	 				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CITY-ST-ZIP					O LLINE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for that my signature shall have the empowered to execute this re	the exemptions of the same legal eff eport as required	contained fect as if m I by Chapt	in Chapter 119, f nade under oath; ter 608, Florida S	forida Statutes. I fi that I am a mana- tatutes.	urther certify that ging member or	t the info	mation r of the
SIGNAT	URE:	F SIGNING MANAGING MEMBER, MANA	AGER, OR AUTHORIZ	ED REPRESE	NTATIVE		14	o Phone II	}

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT DOCUMENT # L02000017358 1. Entity Name BARTH'S INVESTMENTS, LLC Principal Place of Business Mailing Address 100037702 760 FAIRWAY DR 1540 NE 40 CT PLANTATION, FL 33317 OAKLAND PARK, FL 33334 02272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0786423 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, PA -DO NOT WRITE 1840 SOUTHWEST 22 STREET 4TH FL MIAMI, FL 33145 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 familiar 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 MANAGING MEMBERS/MANAGERS 9. TITLE BARTHELEMY, CHRISTIAN NAME STREET ADDRESS 1540 NE 40 CT OAKLAND PARK, FL 33334 CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SHEMING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE