

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020363

Entity Name: CIRQUE INVESTMENTS, LLC

FILED  
Apr 22, 2007  
Secretary of State

## Current Principal Place of Business:

10130 NORTHLAKE BLVD.  
SUITE 106  
WEST PALM BEACH, FL 33412

## New Principal Place of Business:

9104 GLENMOOR DRIVE  
WEST PALM BEACH, FL 33409

## Current Mailing Address:

10130 NORTHLAKE BLVD.  
SUITE 106  
WEST PALM BEACH, FL 33412

## New Mailing Address:

9104 GLENMOOR DRIVE  
WEST PALM BEACH, FL 33409

FEI Number: 03-0513280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENGELHARDT, MICHAEL S  
10130 NORTHLAKE BLVD. SUITE 106  
SUITE 106  
WEST PALM BEACH, FL 33412 US

## Name and Address of New Registered Agent:

ENGELHARDT, MICHAEL S  
9104 GLENMOOR DRIVE  
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

04/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ENGELHARDT, MICHAEL S  
Address: 10130 NORTHLAKE BLVD., SUITE 106  
City-St-Zip: WEST PALM BEACH, FL 33412

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ENGELHARDT, MICHAEL S  
Address: 9104 GLENMOOR DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL ENGELHARDT

MGR

04/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date