

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020474

Entity Name: XFIN INVESTMENTS, LLC

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

1290 WESTON ROAD  
SUITE 306-H7  
WESTON, FL 33326

## Current Mailing Address:

1290 WESTON ROAD,  
SUITE 306-H7  
WESTON, FL 33326

## New Principal Place of Business:

18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029

## New Mailing Address:

18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029

FEI Number: 22-3866849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEAL, CIRO J  
4474 WESTON RD, #93  
DAVIE, FL 33331 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MARTINEZ DE BIANCHIN, CARMEN  
Address: 1290 WESTON ROAD, SUITE 306-H7  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: LEAL, CIRO J  
Address: 4474 WESTON RD  
City-St-Zip: DAVIE, FL 33331

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MARTINEZ DE BIANCHIN, CARMEN  
Address: 18501 PINES BOULEVARD  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CIRO J. LEAL

MGR

04/29/2007

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