2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022741

1. Entity Name

MYKONOS INVESTMENTS, LLC



Principal Place of Business

Mailing Address

7800 W OAKLAND PARK G-121 SUNRISE, FL 33351 7800 W OAKLAND PARK G-121 SUNRISE, FL 33351

FILED Apr 30, 2008 08:00 AN Secretary of State



03312008 No Chg-LLC

CR2E083 (12/07)

Applied For

4. FEI Number	Applied 1 di
56-2302469	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

.

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SERFATY, CHARLES S ESQ 4330 SHERIDAN STREET, SUITE 202-B HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agant and title it applicable	(NOTE: Registered Agent signature required when reinstating) DATE
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARENT, RAYMOND 208 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33021	Unnnn927490
TITLE NAME STREET ADDRESS CITY-ST-ZIP		UD0000937490 05/27/08-80051-007 438.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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: OF PRINCE NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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