


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90033 003 \*\*\*150.00

**DOCUMENT # L02000029309**

1. Entity Name  
**MFE INVESTMENTS, LLC**



Principal Place of Business <b>1110 BRICKELL AVENUE          315          MIAMI, FL 33131</b>	Mailing Address <b>1110 BRICKELL AVENUE          315          MIAMI, FL 33131</b>
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**60052486**



07062007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1668472</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ELIZEE, MARIE FELIXE  
 1110 BRICKELL AVENUE  
 315  
 MIAMI, FL 33131**

**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 familiar with, and accept the obligations of registered agent.

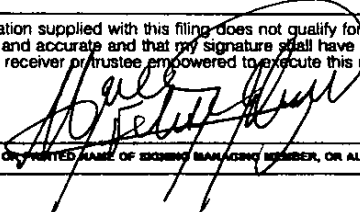
SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, MARIE FELIXE 1643 BRICKELL AVE #2201 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, FRANCOISE 848 BRICKELL KEY DRIVE #2405 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, PATRICIA 848 BRICKELL KEY DRIVE #2405 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

**SIGNATURE:**  **7/10/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Declarant Phone #