

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030420

FILED
Mar 05, 2007
Secretary of State

Entity Name: VINCAM INVESTMENT MANAGEMENT, LLC

Current Principal Place of Business:

11000 S.W. 83RD AVE.
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

5900 BIRD ROAD
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 82-0572538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: SALADRIGAS, CARLOS A
Address: 11000 S.W. 83 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: SANCHEZ, JOSE M
Address: 60 EDGEWATER DRIVE, APT. 10-K
City-St-Zip: CORAL GABLES, FL 33133

Title: MGRM () Delete
Name: SANCHEZ HOLDINGS LTD, .
Address: 60 EDGEWATER DRIVE, APT. 10-K
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES:

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

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

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

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: CARLOS A. SALADRIGAS

MGRM

03/05/2007

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