2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L02000031456

Entity Name: ZACK INVESTMENTS, LLC

Current Principal Place of Business:

11100 NW SOUTH RIVER DRIVE
MEDLEY, FL 33178

New Principal Place of Business:

5111 S.W. 153 PLACE NORTH
MIAMI, FL 33185

Current Mailing Address:

P.O. BOX 651586
MIAMI, FL 33265

New Mailing Address:

FEI Number: 06-1661278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZACARIAS, JORGE A
11100 NW SOUTH RIVER DRIVE
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

ZACARIAS, JORGE A
5111 S.W. 153 PLACE NORTH
MIAMI, FL 33185 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: _____ 04/21/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ZACARIAS, JORGE A
Address: 11100 NW SOUTH RIVER DRIVE
City-St-Zip: MEDLEY, FL 33178

Title: MGR ( ) Delete
Name: ZACARIAS, XIMENA P
Address: 11100 NW SOUTH RIVER DRIVE
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ZACARIAS, JORGE A
Address: 5111 S.W. 153 PLACE NORTH
City-St-Zip: MIAMI, FL 33185

Title: MGR (X) Change ( ) Addition
Name: ZACARIAS, XIMENA P
Address: 5111 S.W. 153 PLACE NORTH
City-St-Zip: MIAMI, FL 33185

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: XIMENA P ZACARIAS MGR 04/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date