

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000031703

FILED
Apr 11, 2006
Secretary of State**Entity Name:** TREEHOUSE INVESTMENTS LLC**Current Principal Place of Business:**7740 SW 59TH AVE
MIAMI, FL 33143**New Principal Place of Business:****Current Mailing Address:**1172 SO. DIXIE HIGHWAY
441-A
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 06-1662107**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OCHOA, LUIS FERNANDO MGR
1172 SO. DIXIE HIGHWAY
441-A
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**OCHOA, LUIS FERNANDO MBR-MGR
1172 SO. DIXIE HIGHWAY
441-A
CORAL GABLES, FL 33146 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: LUIS F.OCHOA

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: OCHOA, MARIA I MGR
Address: 1172 SO. DIXIE HIGHWAY #441-A
City-St-Zip: CORAL GABLES, FL 33146Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: OCHOA, LUIS F MGR-MBR
Address: 1172 SO. DIXIE HIGHWAY #441-A
City-St-Zip: CORAL GABLES, FL 33146Title: MGR () Change (X) Addition
Name: FONTANET, AMPARO MGR-MBR
Address: 1172 SO. DIXIE HIGHWAY #441-A
City-St-Zip: CORAL GABLES, FL 33146

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: LUIS F. OCHOA

MGR

04/11/2006

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