

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000981

FILED
Mar 09, 2006
Secretary of State

Entity Name: BKNR INVESTMENTS, LLC

Current Principal Place of Business:

100 SOUTH POINTE DRIVE
UNIT 2701
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

221 EAST DILIDO DRIVE
MIAMI BEACH, FL 33139 US

Current Mailing Address:

C/O 1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 16-1648261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 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: ACHI, RAMZI
Address: 100 SOUTH POINTE DRIVE, UNIT 2701
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: ACHI, NADIM
Address: 100 SOUTH POINTE DRIVE, UNIT 2701
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ACHI, RAMZI
Address: 221 EAST DILIDO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Change () Addition
Name: ACHI, NADIM
Address: 221 EAST DILIDO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

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: RAMZI ACHI

MGR

03/09/2006

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