2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# L03000012516

Entity Name: LIMI INVESTMENTS, LLC

Current Principal Place of Business:

2101 BRICKELL AVENUE
#2006
MIAMI, FL 33129

New Principal Place of Business:

8591 NW 186 ST.
177
MIAMI, FL 33015

Current Mailing Address:

2101 BRICKELL AVENUE
#2006
MIAMI, FL 33129

New Mailing Address:

8591 NW 186 ST.
177
MIAMI, FL 33015

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLPE, FRANCESCO
2101 BRICKELL AVENUE
#2006
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

VOLPE, FRANCESCO
8591 NW 186 ST.
177
MIAMI, FL 33015 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: FRANCESCO VOLPE 03/31/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FRANCESCO, VOLPE
Address: 2101 BRICKELL AVE., APT. #2006
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Delete
Name: FRANCESCO, VOLPE
Address: 2101 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VOLPE, FRANCESCO
Address: 8591 NW 186 ST.
City-St-Zip: MIAMI, FL 33015

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: FRANCESCO VOLPE MGR 03/31/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date