


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013190 1. Entity Name FOUR POINTS INVESTMENTS LLC.	
---	---

Principal Place of Business
**10000 S.W. 56 STREET
MIAMI, FL 33156**

Mailing Address
**10000 S.W. 56 STREET
MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE



03152008No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2347020

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

**QUINTANA, J. LUIS
227 MINORCA AVE.
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

000000477897
04/07/06-80008-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, ALEXANDRA 10000 S.W. 56 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, CAROLINA 10000 S.W. 56 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, GEORGETTE 10000 S.W. 56 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/20/06

(305) 595-8220

Date

Daytime Phone #