

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014880

FILED
Jul 06, 2008
Secretary of State

Entity Name: STARFISH INVESTMENTS, L.L.C.

Current Principal Place of Business:

ATTN: TERRY CHEMTOV 3525 MAGELLAN CIRCLE
#627
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

C/O TERRY CHEMTOV 3525 MAGELLAN CIRCLE
#627
AVENTURA, FL 33180

New Mailing Address:

ATTN: TERRY CHEMTOV 3525 MAGELLAN CIRCLE
#627
AVENTURA, FL 33180

FEI Number: 20-0007997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHEMTOV, TERRY MR.
3525 MAGELLAN CIRCLE
627
AVENTURA, FL 33180 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: MGR () Delete
Name: CHEMTOV, TERRY
Address: 3525 MAGELLAN CIRCLE #627
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: SCHWARTZ, MOSES
Address: 80 NORTH HIBISCUS DR.
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERRY CHEMTOV

MGR

07/06/2008

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