



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90041 008 ***138.75

DOCUMENT # L03000015560 1. Entity Name MAR BAY INVESTMENTS, LLC					
Principal Place of Business 782 NW LEJEUNE ROAD, SUITE 650 MIAMI, FL 33126				Mailing Address 782 NW LEJEUNE ROAD, SUITE 650 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 5805 Blue Lagoon Dr.		3. Mailing Address 5805 Blue Lagoon Dr.		 02072008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 220		Suite, Apt. #, etc. Suite 220			
City & State Miami, FL		City & State Miami, FL			
Zip 33126		Zip 33126			
Country USA		Country USA		4. FEI Number 55-0834085	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JACOMINO, ANTONIO D 782 NW LEJEUNE ROAD, SUITE 650 MIAMI, FL 33126 <i>New Address Only</i>			7. Name and Address of New Registered Agent Name JACOMINO, ANTONIO D. Street Address (P.O. Box Number is Not Acceptable) 5805 Blue Lagoon Dr. Ste 220 City Miami FL Zip Code 33126		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO AVENIDA LA INDUSTRIA CASA DE ITALIA SAN DERNARDIONO CARACAS,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO 5805 Blue Lagoon Dr. Ste. 220 Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/13/08