2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# L03000015656

Entity Name: ACT INVESTMENTS LLC

Current Principal Place of Business:

3785 NW 82ND AVENUE
#212
MIAMI, FL 33166

New Principal Place of Business:

3785 NW 82ND AVENUE
#208
DORAL, FL 33166

Current Mailing Address:

3785 NW 82ND AVENUE
#212
MIAMI, FL 33166 US

New Mailing Address:

3785 NW 82ND AVENUE
#208
DORAL, FL 33166 US

FEI Number: 20-0022162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIZCARRONDO, ALFREDO
3785 NW 82ND AVENUE
#212
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

GONZALEZ, ROBERT
3785 NW 82ND AVENUE
#208
DORAL, FL 33166 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: ROBERT GONZALEZ 02/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONZALEZ, ROBERT
Address: 3785 NW 82ND AVENUE, SUITE 212
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM (X) Delete
Name: VIZCARRONDO, ALFREDO
Address: 3785 NW 82ND AVENUE, SUITE 212
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GONZALEZ, ROBERT
Address: 3785 NW 82ND AVENUE, SUITE 208
City-St-Zip: DORAL, FL 33166 US

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: ROBERT GONZALEZ MGRM 02/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date