


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000019049 1. Entity Name BST INVESTMENTS L.L.C.	
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Principal Place of Business 2150 NW 19TH AVE. MIAMI, FL 33142	Mailing Address 2150 NW 19TH AVE. MIAMI, FL 33142
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01242008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1467451	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BAGDADI, ALBERTO 2150 NW 19TH AVE. MIAMI, FL 33142	DO NOT WRITE IN THIS SPACE
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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

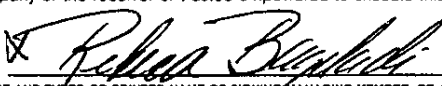
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGDADI, ALBERTO 2150 NW 19TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGDADI, REBECA 2150 NW 19TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGDADI, SALOMON 2150 NW 19TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGDADI, TOFFY 2150 NW 19TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000827781
02/22/08-80004-006 143.75

**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:  **2-12-08** **305-326-6757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #