

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000028627**

1. Entity Name  
**S & R INVESTMENT, LLC**



Principal Place of Business  
**10101 COLLINS AVE., UNIT 9A  
BAL HARBOUR, FL 33154**

Mailing Address  
**10101 COLLINS AVE., UNIT 9A  
BAL HARBOUR, FL 33154**



04212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2387411**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**YUKEN, SALOMON  
10101 COLLINS AVE., UNIT 9A  
BAL HARBOUR, FL 33154**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	YUKEN, SALOMON
STREET ADDRESS	10101 COLLINS AVE 9A
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	P
NAME	YUKEN, ROSA
STREET ADDRESS	10101 COLLINS AVE 9A
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	P
NAME	YUKEN, JAIME
STREET ADDRESS	10101 E BAY HARBOR DR #704
CITY-ST-ZIP	BAY HARBOUR, FL 33154
TITLE	P
NAME	YUKEN, INGRID
STREET ADDRESS	10101 COLLINS AVE, #9A
CITY-ST-ZIP	BAY HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000734971  
05/10/07-80015-005 55.00

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

Date

Daytime Phone

04/20/07 (305)374-4412