

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 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**



04302008 No Chg-LLC

CR2E083 (12/07)

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 _____

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

U00000946115
05/30/08-80035-014 143.75

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**

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

SALOMON YUKEN

Date

Daytime Phone #

4-30-08 (305) 374-4412