

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000036168

FILED
Jul 20, 2007
Secretary of State**Entity Name:** B-MAX INVESTMENTS, LLC.**Current Principal Place of Business:**1000 PONCE DE LEON BLVD.
SUITE: 329
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**1000 PONCE DE LEON BLVD.
SUITE: 329
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 20-0287767**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOTO GARCIA, NANCY
1000 PONCE DE LEON BLVD.
SUITE: 328
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: SOTO GARCIA, NANCY
Address: 1000 PONCE DE LEON BLVD. SUITE: 328
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** MGR () Delete
Name: DUARTE, EDGAR M
Address: 1000 PONCE DE LEON BLVD. SUITE: 328
City-St-Zip: CORAL GABLES, FL 33134 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR (X) Change () Addition
Name: GARCIA, ZOE C
Address: 1000 PONCE DE LEON BLVD. SUITE: 328
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify 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: NANCY S. GARCIA

MGR

07/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date