


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90314 012 ****55.00

DOCUMENT # L03000041727 *	
1. Entity Name A & L INVESTMENTS, L.L.C.	

Principal Place of Business 19470 SW 264TH STREET HOMESTEAD FL 33031	Mailing Address 19470 SW 264TH STREET HOMESTEAD FL 33031
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 19470 SW 264 ST Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State HOMESTEAD FL	City & State HOMESTEAD FL	4. FEI Number 20-0570959	Applied For <input type="checkbox"/> Not Applicable
Zip 33031	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PRACHER, DOUGLAS J. 317 N. KROME AVENUE HOMESTEAD FL 33030	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reorganizing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR CHAVEZ, ABEL L 19470 SW 264TH STREET HOMESTEAD FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DPA 18-07

Date

305-245-3127

Daytime Phone *