## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000052369**

1. Entity Name

PROMAR INVESTMENTS, L.L.C.



FILED Apr 23, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

2215 SW 132 CT. MIAMI, FL 33175 2215 SW 132 CT. MIAMI, FL 33175



DO NOT WRITE IN THIS SPACE

04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0528109

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JOSE C 2215 SW 132 CT. MIAMI, FL 33175

## DO NOT WRITE IN THIS SPACE

|                                       |  |                     |   | J 017(0L                                  |        |
|---------------------------------------|--|---------------------|---|---|--------|
|                                       | named entity submits this statement for the purpose of char<br>ions of registered agent. | nging its registere | d office or registered agent, or both, in the | State of Florida. I am familiar with, and | accept |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title if applicable.            | (NOTE: Registered   | Agent signature required when reinstating)    | DATE                                      | _      |
| , FI                                  | iling Fee is \$50.00<br>ue by May 1, 2007  |                     | · · · · · · · · · · · · · · · · · · ·         |   | -      |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |                     | ,   | <u> </u>                                  |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>MARTINEZ, JOSE C<br>2215 SW 132 CT.<br>MIAMI, FL 33175                            |                     |   |   |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>MARTINEZ, EMELINA<br>2215 SW 132 CT.<br>MIAMI, FL 33175                           |                     |   |   |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                     | DO NO   | T WRITE                                   |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | •                   | IN THI  | S SPACE                                   |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                     | 05/   | U00000723934<br>/02/07-80091-010 50.      | 00     |
| TITLE                                 |  |                     |   | •   |        |

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/07

533-9813

Daytime Phone #