2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000052369

Entity Name

PROMAR INVESTMENTS, L.L.C.



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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



04142008 No Chg-LLC

CR2E083 (12/07)

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

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept	
SIGNATURE.					
1 .	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renstating) DATE		DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9	MANAGING MEMBERS/MANAGERS			* * * * * * * * * * * * * * * * * * *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, JOSE C 2215 SW 132 CT. MIAMI, FL 33175		000000935964 05/23/08-80092-025 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, EMELINA 2215 SW 132 CT. MIAMI, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME ·		 			

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 seport as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

553-9873