

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000004433**

1. Entity Name  
**PNF INVESTMENTS, LLC**



Principal Place of Business  
**679 NE 58 STREET  
MIAMI, FL 33137**

Mailing Address  
**679 NE 58 STREET  
MIAMI, FL 33137**



03012006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0560853</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCCOY, PATRICK L  
679 NE 58 STREET  
MIAMI, FL 33137**

**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 reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCOY, PATRICK L 679 NE 58 STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADVOKAAT, PAUL 679 NE 58 STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HLAS, THOMAS P 500 NE 50 TERRACE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADORE, PAUL L 500 NE 50 TERRACE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/06-80060-007 55.00

**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:** Paul J Madore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/1/2006 786-228-5735