


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021669 1. Entity Name BALBINO INVESTMENTS I, LLC	
---	---

Principal Place of Business 8991 NW 173RD TERRACE MIAMI, FL 33018	Mailing Address 8991 NW 173RD TERRACE MIAMI, FL 33018
---	---

DO NOT WRITE IN THIS SPACE



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2336801	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

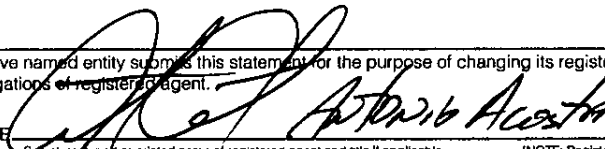
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**ACOSTA, ANTONIO
8991 NW 173RD TERRACE
MIAMI, FL 33018**

**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  DATE **4/11/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

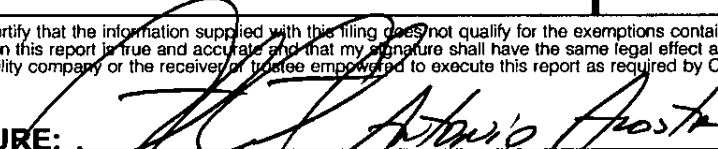
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA, ANTONIO 8991 NW 173RD TERRACE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINAS, ROBERTO 225 ALHAMBRA CIRCLE, SUITE 425 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000715057
04/27/07-80048-006 50.00

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:  DATE **4/11/07** 305/324 8003

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