


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90080 026 ****55.00

DOCUMENT # L04000024424	
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1. Entity Name
INVESTMENTS 4-D FUTURE, LLC

Principal Place of Business
310 LAKEVIEW DR, STE 201
WESTON, FL 33326

Mailing Address
310 LAKEVIEW DR, STE 201
WESTON, FL 33326



2. Principal Place of Business 9499 Collins Ave Suite, Apt. #, etc. 204 City & State Surfside Florida Zip 33154 Country FL/USA		3. Mailing Address 9499 Collins Ave Suite, Apt. #, etc. 204 City & State Surfside Florida Zip 33154 Country FL/USA	
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04172006 Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent CAMPO, JAIME 310 LAKEVIEW DR, STE 201 WESTON, FL 33326	7. Name and Address of New Registered Agent Name Campo, Jaime Street Address (P.O. Box Number is Not Acceptable) 9499 Collins Ave Apt 204 City Surfside FL Zip Code 33154
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/27/06

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENGIFO, ANA 310 LAKEVIEW DR, STE 201 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nancy O Dehazzi 11451 NW 51st Lane Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, CAROLINA 310 LAKEVIEW DR, STE 201 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jose Fernando Cuellar 8107 SW 72ave Apt 406E Miami FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPO, JAIME 310 LAKEVIEW DR, STE 201 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDONA, JAIME CRA 115 #6-28 MIRMONTES A CASA 16, CALI COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALGADO, JAIME 5620 NW 107 AVE #1505 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURY, JORGE 14012 NW 15TH DR PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Jaime Campo