

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024424

FILED
May 10, 2008
Secretary of State

Entity Name: INVESTMENTS 4-D FUTURE, LLC

Current Principal Place of Business:

9499 COLLINS AVE
APT 204
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9499 COLLINS AVE
APT 204
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-3407294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAMPO, JAIME
9499 COLLINS AVE
APT 204
SURFSIDE, FL 33154 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUELLAR, JOSE F
Address: 8107 SW 72ND AVE APT 406E
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: RODRIGUEZ, CAROLINA
Address: 9499 COLLINS AVE APT 204
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: CAMPO, JAIME
Address: 9499 COLLINS AVE APT 204
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: CARDONA, JAIME
Address: CRA 115 #6-28 MIRMONTES A
City-St-Zip: CASA 16, CALI COLOMBIA,

Title: MGRM () Delete
Name: SALGADO, JAIME
Address: 5620 NW 107 AVE #1505
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: CURY, JORGE
Address: 14012 NW 15TH DR
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

05/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date