

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025165

FILED
Apr 01, 2006
Secretary of State

Entity Name: INVESTMENT PROPERTY MEN - LLC

Current Principal Place of Business:

296 ANDALUSIA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

296 ANDALUSIA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 32-0113361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEK, MANUEL J SR.
455 CORAL WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: DIEK, MANUEL J SR.
Address: 296 ANDALUSIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: YEBAILE, MUNIR SR.
Address: 6720 N.W. 114 AVE.#804
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: ABREU, ANDY SR.
Address: 8805 N.W. 35 LANE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: ABREU, ANDY SR.
Address: 296 ANDALUSIA AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL J DIEK

MGMR

04/01/2006

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