2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000031025

1. Entity Name INVESTMENTS HOLDER LLC



FILED Feb 07, 2008 08:00 AN Secretary of State

Principal Place of Business

400 N. SURF ROAD SUITE 401 HOLLYWOOD, FL 33019 Mailing Address

400 N. SURF ROAD SUITE 401 HOLLYWOOD, FL 33019



DO NOT WRITE IN THIS SPACE

02022008 No Chg-LLC 0

CR2E083 (12/07)

4. FEI Number 52-2443803

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLDER, JOIY R JR. 400 N. SURF ROAD, # 401 HOLLYWOOD, FL 33019

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8.	3. 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, 1	am familiar with, and accept
	the obligations of registered agent.	
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Signature, typ

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

(NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD HOLDER, JOIY 400 N. SURF ROAD, # 401 HOLLYWOOD, FL 33019 MGRM HOLDER, LINDA 400 N. SURF ROAD, # 401
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CTIY-ST-ZIP	
NTLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filling does not qualify for the e

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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: 5

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

2/4/08

Date

Daytime Phone #