


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000034994 1. Entity Name A & B INVESTMENTS, LLC	
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Principal Place of Business 999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES, FL 33134 US	Mailing Address 999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES, FL 33134 US
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01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2344322	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BANEGAS, ARI 999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES, FL 33134
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**U00000403888
02/06/06-80025-006 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAND, ADAM 6822 SW 40 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANEGAS, ARI 999 PONCE DE LEON BLVD., SUITE 705 CORAL GABLES, FL 33134
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IN THIS SPACE**

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

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

ARI BANEGAS

1-23-06 305 445 1525

Date

Daytime Phone #