


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 14 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000036040		
1. Entity Name ANM GROUP INVESTMENTS, LLC		

Principal Place of Business 3360 PADDOCK ROAD WESTON, FL 33331	Mailing Address C/O ATER REGISTERED AGENT 2601 S BAYSHORE DRIVE SUITE 700 COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3360 PADDOCK RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WESTON FL	
Zip	Country	Zip	Country
		33331	



09092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C/O ATER REGISTERED AGENT 2601 S. BAYSHORE DRIVE SUITE 700 COCONUT GROVE, FL 33133		Name ALBERTO MEJIA	
		Street Address (P.O. Box Number is Not Acceptable)	
		3360 PADDOCK RD	
		City WESTON FL Zip Code 33331	

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] DATE 9/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEJIA, ALBERTO 3360 PADDOCK ROAD WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200109787912 09/21/07--01047--005 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEJIA, NELLY 3360 PADDOCK ROAD WESTON, FL 33331 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: [Signature] DATE 9/9/07 DAYTIME PHONE # 954 931-1776

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