2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000041169

1. Entity Name

SUFRE INVESTMENTS LLC



FILED Jan 18, 2007 08:00 AM **Secretary of State**

Principal Place of Business

611 OCEAN DRIVE

APT 9-F KEY BISCAYNE, FL 33149 Mailing Address

611 OCEAN DRIVE APT 9-F

KEY BISCAYNE, FL 33149



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2354705

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, FRED J JR 8340 SW 91 STREET MIAMI, FL 33156

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 the above named entity submits this statement for the purpose of chair the obligations of registered agent 	nging its registered office or registered agent, or both, in the	State of Pionoa. Tam familiar with, and accept
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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ERNESTO FREYRE & SUZANNE P REVOCABLE TRUST 611 OCEAN DR., APT 9-F KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, FRED J JR 8340 SW 91 STREET MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11 Lhereby	certify that the information supplied with this filing does not qualify for the e

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I hereby certify that the information supplied with this filling 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 hability company or the regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: am SIGNATURE AND TYPED OR FRANTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #