


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90035 004 ****50.00

DOCUMENT # L04000041313	
1. Entity Name TRANSFLORIDA INVESTMENT, LLC	

Principal Place of Business 11420 NW 43 ST CORAL SPRINGS, FL 33065 US	Mailing Address 11420 NW 43 ST CORAL SPRINGS, FL 33065 US
---	---

2. Principal Place of Business - No P.O. Box # 1375 GATEWAY BLVD	3. Mailing Address P.O. BOX 6546
Suite, Apt. #, etc. SUITE 26	Suite, Apt. #, etc.

City & State BOYNTON BEACH, FL	City & State DELRAY BEACH, FL
Zip 33426	Zip 33482
Country PALM BEACH	Country PALM BEACH

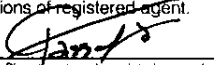
03252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1211543	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GASSANT, LUNES 11420 NW 43 ST CORAL SPRINGS, FL 33065	
---	--

7. Name and Address of New Registered Agent Name GASSANT, LUNES Street Address (P.O. Box Number is Not Acceptable) 564 NW 48th Ave City DELRAY BEACH FL Zip Code 33445	
---	--

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  Lunes Gassant	DATE 03/24/2007


**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GASSANT, LUNES MR 11420 NW 43 ST CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GASSANT, LUNES MR 564 NW 48th Ave DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  Lunes Gassant	DATE 03/24/2007	DAYTIME PHONE # 561-503-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		