

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044000

Entity Name: MIJAS INVESTMENTS, LLC

FILED  
Jan 10, 2009  
Secretary of State

**Current Principal Place of Business:**

14359 MIRAMAR PARKWAY, STE. 268  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

14359 MIRAMAR PARKWAY, STE. 268  
MIRAMAR, FL 33027

**New Mailing Address:**

10549 VERSAILLES BLVD.  
WELLINGTON, FL 33449

FEI Number: 20-1256488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADWAR, RENEE ESQ  
848 BRICKELL AVENUE, STE. 830  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CAVALIERI, SALVATORE  
14359 MIRAMAR PARKWAY, STE. 268  
MIRAMAR, FL 33027 US

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.

SIGNATURE: SALVATORE CAVALIERI

01/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAVALIERI, SALVATORE  
Address: 14359 MIRAMAR PARKWAY, STE. 268  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete  
Name: CAVALIERI, KATTY R  
Address: 14359 MIRAMAR PARKWAY, STE. 268  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete  
Name: MCGILL, STEPHEN  
Address: 14359 MIRAMAR PARKWAY, STE. 268  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAVATORE CAVALIERI

MGR

01/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date