2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000045510

1. Entity Name

4 L'S INVESTMENTS, LLC



Principal Place of Business

1200 BRICKELL AVENUE

SUITE 860 MIAMI, FL 33131 US Mailing Address

1200 BRICKELL AVENUE SUITE 860

MIAMI, FL 33131 US

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY 28 PM 4: 26



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1317607 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, PETER M P.A. 1911 NW 150 AVE STE 201

SIGNATURE:

PEMBROKE PINES, FL 33028

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of	of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE		(NOTE: Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARICE, ROBERTO 1200 BRICKELL AVENUE SUITE 860 MIAMI, FL 33131	ns 1,901.3/	06 1908130897181 06 1908- 006-020***427.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		307 007 00		
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

MGRM

EIOF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #