2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 19, 2007 08:00 Al Secretary of State

ANNUAL REPORT				rep 19, 2007 08:0		
DOCUMENT # L04000047171 1. Entity Name YURIANI INVESTMENTS, LLC				Secretary of Si		
Principal Place	e of Business	Mailing Address				
2990 SW 103RD AVENUE 2990 SW 103RD AVENUE MIAMI, FL 33165 MIAMI, FL 33165						
DO NOT WRITE IN THIS SPA			ACE	02082007 No Chg-LLC	CR2E083 (11/05) Applied For	
_			· · · · · · · · · · · · · · · · · · ·	20-1309129 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		<u></u>	· · · · · · · · · · · · · · · · · · ·	
PADIAL, JOSE I 2600 DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134				DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or register	red agent, or both, in the State of Florid	la. I am lamiliar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Regi	stered Agent signature required	d when reinstating)	DATE	
Fi De	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBE	RS/MANAGERS		,		
TITLE	MGR					
NAME STREET ADDRESS	PEREZ, HECTOR 2990 SW 103RD AVENUE					
CITY-ST-ZIP	MIAMI, FL 33165				•	
TITLE					•	
NAME				0000006	41385	
STREET ADDRESS CITY-ST-ZIP				02/28/07-8	41385 80106-003 50.00 /	
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NAME						
STREET ADDRESS CITY-ST-ZIP				DO NOT WE	RITE	
TITLE				IN THIS SPA		
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STREET ADDRESS CITY-ST-ZiP						
TITLE						
NAME						
STREET ADDRESS			% ,	•		
CITY-ST-ZIP	<u> </u>					
TITLE NAME						

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 yustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

S15-08

Daytime Phone #