


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90308 031 ****50.00

DOCUMENT # L04000050797 1. Entity Name ATT INVESTMENTS, LLC	
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Principal Place of Business 165 E. PALMETTO PARK RD. BOCA RATON FL 33432	Mailing Address 165 E. PALMETTO PARK RD. BOCA RATON FL 33432
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1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 900 N. Federal Hwy Suite, Apt. #, etc. Suite 210 City & State Boca Raton Florida Zip 33432	3. Mailing Address 900 N. Federal Hwy # Suite, Apt. #, etc. Suite 210 City & State Boca Raton, FL Zip 33432
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4. FEI Number 13-4282809	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CARMAN, DEBORAH A ESQ. 165 E. PALMETTO PARK RD. BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEPLITSKY, ARKADY		NAME		
STREET ADDRESS	17800 NORTH BAY ROAD, #704		STREET ADDRESS		
CITY - ST - ZIP	SUNNY ISLES FL 33160		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHLAFSHTEN, YAKOV		NAME		
STREET ADDRESS	11 HEMINGWAY COURT		STREET ADDRESS		
CITY - ST - ZIP	MORGANVILLE NJ 07751		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SHARAD		NAME		
STREET ADDRESS	18128 CLEARBROOK CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33487		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSIONELLO, JOSEPH		NAME		
STREET ADDRESS	3321 NE 59TH STREET		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL 33308		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTRUST ADM. SERVICES F/B/O ALAN BENJAMIN		NAME		
STREET ADDRESS	17331 SPRINGTREE LANE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33487		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CC & HD, LLC		NAME	Kevin Kramer	
STREET ADDRESS	900 N. FEDERAL HWY., #210		STREET ADDRESS	9571 East Lake DR	
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP	Boca Raton, FL 33434	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles Simon MGRM 2/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #