

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054889

FILED  
Apr 22, 2010  
Secretary of State

Entity Name: FRANCO'S INVESTMENTS LLC

**Current Principal Place of Business:**

19555 EAST COUNTRY CLUB DRIVE  
604  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19555 EAST COUNTRY CLUB DRIVE  
604  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-1641177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANCO, ANDRES  
19555 EAST COUNTRY CLUB DRIVE  
604  
AVENTURA, FL 33180 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FRANCO, BOLIVAR I  
Address: 19555 EAST COUNTRY CLUB DRIVE, APT. 604  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: FRANCO, ANDRES  
Address: 19555 EAST COUNTRY CLUB DRIVE, APT. 604  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: FRANCO, CLAUDIA  
Address: 19555 EAST COUNTRY CLUB DRIVE, APT. 604  
City-St-Zip: MIAMI, FL 33180

Title: MGRM  
Name: FRANCO, CONSTANZA  
Address: 19555 EAST COUNTRY CLUB DRIVE, APT. 604  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: FRANCO, JUAN C  
Address: 19555 EAST COUNTRY CLUB DRIVE, APT. 604  
City-St-Zip: AVENTURA, FL 33180

I hereby 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: ANDRES FRANCO

MGR

04/22/2010

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