

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054893

Entity Name: VIGAR INVESTMENT, LLC

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 143770
CORAL GABLES, FL 33114

New Principal Place of Business:

5880 SW 74 TERRACE
T-4E
S MIAMI, FL 33143

Current Mailing Address:

P.O. BOX 143770
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 20-1410996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLAREAL, JUAN C
5880 SW 74 TERRACE
4-E
S MIAMI, FL 33143 US

Name and Address of New Registered Agent:

VILLAREAL, JUAN C
5880 SW 74 TERRACE
T-4E
S MIAMI, FL 33143 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:

01/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VILLAREAL, JUAN C
Address: P.O. BOX 143770
City-St-Zip: CORAL GABLES, FL 33114

Title: MGRM () Delete
Name: VIGAR, LTDA,
Address: P.O. BOX 143770
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VILLAREAL, JUAN C
Address: 5880 SW 74 TERRACE, T-4E
City-St-Zip: S MIAMI, FL 33143

Title: MGR (X) Change () Addition
Name: VIGAR, LTDA,
Address: P.O. BOX 143770
City-St-Zip: CORAL GABLES, FL 33114

I hereby certify that the information supplied with this filing does not qualify for the 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: JC VILLAREAL

MGRM

01/30/2007

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