


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000058722
 1. Entity Name
 CABIN FIRST INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address
 15223 NW 33RD PLACE 15223 NW 33RD PLACE
 MIAMI, FL 33054 MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1534481	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
 MEJIA, CHERYL A
 15223 NW 33RD PLACE
 MIAMI, FL 33054

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000775439
 01/08/08-80030-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEJIA, JUAN
STREET ADDRESS	11980 SW 19TH COURT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	MGRM
NAME	MEJIA, CHERYL
STREET ADDRESS	11980 SW 19TH COURT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Cheryl A Mejia, Cheryl A. Mejia 1-4-08 (305)681-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #