

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065518

FILED  
Jul 19, 2005  
Secretary of State

Entity Name: SS FALLS INVESTMENTS LLC

**Current Principal Place of Business:**

10720 S.W. 135TH TERRACE  
MAIMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10720 S.W. 135TH TERRACE  
MAIMI, FL 33176

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SANCHEZ, DALIA  
10720 S.W. 135TH TERRACE  
MAIMI, FL 33176 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: 721 INVESTMENTS LLC,  
Address: 10720 S.W. 135TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: MGRM ( ) Delete  
Name: 3AM HOLDINGS, LLC,  
Address: 12904 S.W. 103RD CT.  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DALIA SANCHEZ

MGRM

07/19/2005

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