


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066316 1. Entity Name PACIFIC INVESTMENTS, LLC	
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Principal Place of Business 2875 N.E. 191 STREET, SUITE 800 MIAMI, FL 33180	Mailing Address 2875 N.E. 191 STREET, SUITE 800 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



04292006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1630786	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00 Due by May 1, 2006	U00000561445 05/19/06-80012-018 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD GILINSKI, MOISES 2875 NE 191ST STE 800 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD GILINSKI, ABRAHAM 2875 NE 191 ST STE 800 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD JAILOVITZ, MICHAEL 2875 NE 191 ST STE 800 AVENTURA, FL 33180
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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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	5/1/06 <small>Date Daytime Phone #</small>
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