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FILED
Mar 22, 2006 8:00 am
Secretary of State
02-13-2006 90192 016 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069561

1. Entity Name
MULTI FORM INVESTMENTS, LLC

30002917

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4431733 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSE HAROLD CARVAJAL 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMPARO CARVAJAL 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/30/06 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

JOSE HAROLD CARVAJAL
305-4441741

ATTACHMENT
30002917

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

Oh Hand Mail Please See attached 2/17/06

MULTI FORM INVESTMENTS, LLC
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

Subject: **MULTI FORM INVESTMENTS, LLC**

Reference Number: **L04000069561**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the ~~following~~ correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. ~~Box~~ 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
ANNUAL REPORTS SECTION