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Secretary of State
02-20-2007 90367 045 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069561

1. Entity Name
MULTI FORM INVESTMENTS, LLC

60016856

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

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01172007No 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

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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)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOSE HAROLD CARVAJAL
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	AMPARO CARVAJAL
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: Jose H. Carvajal 2/15/07 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #