2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L04000072941

1. Entity Name
LESMEZ INVESTMENTS LLC

Principal Place of Business	Mailing Address
6065 NW 167 ST SUITE B4 MIAMI, FL 33015	6065 NW 167 ST SUITE B4 MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

04052007No Chg-LLC CR2E083 (11/05)

4. FEI Number
37-1497537

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LESMEZ, CHRISTIAN
6065 NW 167 ST
SUITE B4
MIAMI, FL 33015

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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

U00000729091
05/08/07-80024-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LESMEZ, CHRISTIAN
STREET ADDRESS	6065 NW 167 ST, #B4
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	MGRM
NAME	VITA, CLAUDIA
STREET ADDRESS	6065 NW 167 ST, #B4
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	MGRM
NAME	LESMEZ, EDGAR
STREET ADDRESS	6065 NW 167 ST, #B4
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	MGRM
NAME	LESMEZ, PATRICIA
STREET ADDRESS	6065 NW 167 ST, #B4
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	MGRM
NAME	LESMEZ, CARLOS
STREET ADDRESS	6065 NW 167 ST, #B4
CITY-ST-ZIP	MIAMI, FL 33015
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: _____ CHRISTIAN LESMEZ · 4/5/07 305 5259069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #