

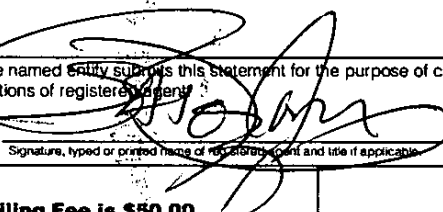



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90268 015 ****50.00

DOCUMENT # L04000073116 1. Entity Name P & I REAL ESTATE INVESTMENTS, LLC					
Principal Place of Business 7210 SW 39 STREET MIAMI, FL 33155			Mailing Address 7210 SW 39 STREET MIAMI, FL 33155		
2. Principal Place of Business 12901 W. Okreechobee Rd Suite, Apt. #, etc. F-5		3. Mailing Address 12901 W. Okreechobee Rd Suite, Apt. #, etc. F-5			
City & State Hialeah Gardens, FL.		City & State Hialeah Gardens, FL.		4. FEI Number 80-0124353	
Zip 33018		Zip 33018		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, PEDRO A 7210 SW 39 STREET MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Diaz, Pedro A. Street Address (P.O. Box Number is Not Acceptable) 12901 W. Okreechobee Rd F-5 City Hialeah Gardens FL Zip Code 33018	
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 3/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM DIAZ, PEDRO A 7210 SW 39 STREET MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, PEDRO A. 12901 W. Okreechobee Rd F-5 Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACOSTA, IDAVIA 7210 SW 39 STREET MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTIA, IDANIA 12901 W. Okreechobee Rd F-5 Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
SIGNATURE 				Date 3/14/06 805 216 5303	