
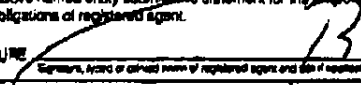
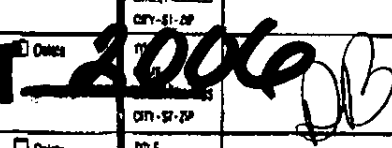
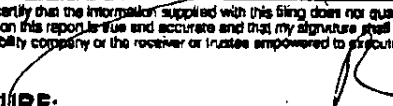


07-2T-2006 90082043 *****50.00
L04000073825

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000073825			
1. Entity Name I & J INVESTMENTS, LLC			
Principal Place of Business 4775 COLLINS AVE. UNIT 1106 MIAMI BEACH, FL 33140		Mailing Address 4775 COLLINS AVE. UNIT 1106 MIAMI BEACH, FL 33140	
2. Principal Place of Business 1432 NE 163 St.		3. Mailing Address 666 71st STREET	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State NM D, FL		City & State MIAMI BEACH, FL	
4. FEI Number 20-1875758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5,000 Additional Fee Required	
6. Name and Address of Current Registered Agent HALLAK, DANIEL 4775 COLLINS AVE. UNIT 1106 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 7-10-06	
FILING Fee is \$60.00 Due by September 8, 2006		Make check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALLAK, DANIEL 4775 COLLINS AVE. UNIT 1106 MIAMI BEACH, FL 33140 <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 GONEN, ZACHI 4775 COLLINS AVE. UNIT 1106 MIAMI BEACH, FL 33140 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 608, Florida Statutes.			
SIGNATURE: 		DATE 10-25-06	

FILED
Oct 25, 2006 8:00 A.M.
Secretary of State