

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076175

FILED  
May 03, 2008  
Secretary of State

Entity Name: AMNON BA INVESTMENTS LLC

**Current Principal Place of Business:**

21121 NE 19TH AVE.  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

21121 NE 19TH AVE.  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 41-2166306      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BEN AMRAM, YORAM  
21121 NE 19TH AVE.  
NORTH MIAMI BEACH, FL 33179      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BEN AMRAM, YORAM  
Address: 21121 NE 19TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM ( ) Delete  
Name: BEN AMRAM, AMNON  
Address: 21121 NE 19TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YORAM BEN AMRAM

MGRM

05/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date