


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079555

1. Entity Name
E & J INVESTMENTS, LLC



| | |
|---|---|
| Principal Place of Business 6200 NW 3RD STREET MIAMI, FL 33126 | Mailing Address 6200 NW 3RD STREET MIAMI, FL 33126 |
|---|---|

DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC CR2E083 (11/05)

| | |
|------------------------------------|---|
| 4. FEI Number 20-1826228 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GUEVARA, EDWARD
 6200 NW 3RD STREET
 MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE

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**

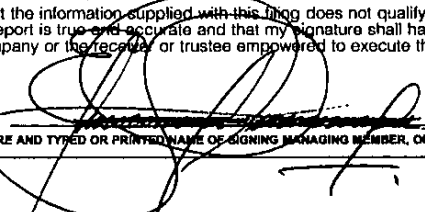
9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GUEVARA, EDWARD 6200 NW 3RD STREET MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DIAZ, JOANNE 6200 NW 3RD STREET MIAMI, FL 33126 |
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 01/11/07-80052-013 55.00

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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 secretary or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Jan 08, 2007**, **305-213-6145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #