## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000082047

1. Entity Name

7935805 US INVESTMENTS, L.L.C.



FILED
Jan 14, 2008 08:00 AN
Secretary of State

Principal Place of Business

9100 S DADELAND BLVD.

STE 406

MIAMI, FL 33156

Mailing Address

P.O.BOX 566478 MIAMI, FL 33256



## DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0529269

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

v. Commodic of claims posited

Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, LUIS 6100 SW 133RD STREET MIAMI, FL 33156

## 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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		ļ
NAME	GUTIERREZ, LUIS		
STREET ADDRESS	6100 SW 133RD STREET		
CITY-ST-ZIP	MIAMI, FL 33156		
TITLE	MGRM		LIGAAAAAAA
NAME	JOSA DE GUTIERREZ, MARIA C		U00000782599 01/15/08-80083-002 143.75
STREET ADDRESS	6100 SW 133RD STREET		01/13/00-00003-002 143.[3
CITY-ST-ZIP	MIAMI, FL 33156		
TITLE			
NAME			
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TITLE			
NAME			
STREET ADDRESS			

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

SIGNATURE:

JRE: LUIS GUTIERRE?

01/09/08

305 6 10 7870

Daytime Phone #

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