


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000082048</b> 1. Entity Name 1100164 US INVESTMENTS, L.L.C.	
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Principal Place of Business 9100 S DADELAND BLVD. STE 406 MIAMI, FL 33156	Mailing Address P.O. BOX 566478 MIAMI, FL 33256
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07122006 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0529267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and LLC (Applicable)      (NOTE: Registered Agent signature required when reinstating)

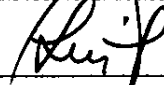
**Filing Fee is \$50.00  
Due by September 6, 2006**

DATE  
000000570972  
07/18/06-80018-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTIERREZ, LUIS 6100 SW 133RD STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSA DE GUTIERREZ, MARIA C 6100 SW 133RD STREET MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **07/11/2006** **305-6707870**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #