2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # L04000082138** MARANDI INVESTMENTS L.L.C. Principal Place of Business Mailing Address 4995 NW 79TH AVENUE SUITE #109 4995 NW 79TH AVENUE SUITE #109 MIAMI, FL 33166 MIAMI, FL 33166 04112007 Na Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1659711 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUNOZ, DINORAH DO NOT WRITE 4995 NW 79TH AVENUE SUITE #109 MIAMI, FL 33166 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 aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME MUNOZ, DINORAH STREET ADDRESS 4995 NW 79TH AVENUE SUITE #109 CITY-ST-ZIP MIAMI, FL 33166 U00000710145 04/25/07-80032-020 50.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 fimited liability company or the receiver or thistee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP ПΤ\Ε NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #