

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90023 038 ***143.75

DOCUMENT # L04000082138					
1. Entity Name MARANDI INVESTMENTS L.L.C.					
Principal Place of Business 4995 NW 79TH AVENUE SUITE #109 MIAMI, FL 33166			Mailing Address 4995 NW 79TH AVENUE SUITE #109 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 249 NW 86 Street		3. Mailing Address 249 NW 86 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State EL PORTAL, FL		City & State EL PORTAL, FL			
Zip 33150		Country USA		04212008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 42-1659711		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 MUNOZ, DINORAH 4995 NW 79TH AVENUE SUITE #109 MIAMI, FL 33166	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 260 NW 110 Street City MIAMI FL Zip Code 33168				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNOZ, DINORAH 4995 NW 79TH AVENUE SUITE #109 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	260 NW 110 Street MIAMI, FL 33168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>D Munoz</i>			4-21-08 (305) 790-0921		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

D MUNOZ