

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082331

Entity Name: MODA INVESTMENTS, LLC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1827 SUNSET HARBOUR DR
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

35 NE 40TH STREET SUITE#301
ATT:PROPERTY MANAGEMENT
MIAMI, FL 33137 US

Current Mailing Address:

1827 SUNSET HARBOUR DR
MIAMI BEACH, FL 33139 US

New Mailing Address:

35 NE 40TH STREET SUITE#301
PROPERTY MANAGEMENT
MIAMI, FL 33137 US

FEI Number: 20-1877228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORR, JEFF
1827 SUNSET HARBOUR DR
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

PEARSON, SHERRY
35 NE 40TH STREET SUITE #301
MIAMI, FL 33137 US

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.

SIGNATURE: SHERRY PEARSON

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORR, JEFF
Address: 1827 SUNSET HARBOUR DR
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: DAIKSEL, YAIR
Address: 1827 SUNSET HARBOUR DR
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF O. MORR

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date