

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90021 042 \*\*\*\*50.00

**60036159**



02212006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000082896</b> 1. Entity Name <b>3095-77 INVESTMENTS LC</b>					
Principal Place of Business <b>2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 ONE BISCAYNE TOWER MIAMI, FL 33131</b>			Mailing Address <b>2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 ONE BISCAYNE TOWER MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1913396</b> Applied For <input type="checkbox"/> 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  <b>VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent Name <b>GY Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 S. Biscayne Blvd., Suite 3400</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>				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 <u>Mark J. Scheer, President</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICENTE, CECILIA 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICENTE, MARIO 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICENTE, MARIO 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICENTE, MARIO 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICENTE, MARIO 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>MARIO VICENTE</u> <b>3/27/06</b> <b>305-558-8098</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					