* 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082896

1. Entity Name 3095-77 INVESTMENTS LC



Principal Place of Business

Mailing Address

2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 ONE BISCAYNE TOWER MIAMI, FL 33131 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 ONE BISCAYNE TOWER MIAMI, FL 33131

FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90125 014 ***138.75



DO NOT WRITE IN THIS SPACE

02012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1913396

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

			F1.		
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 II applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS		The state of the s	The second secon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICENTE, CECILIA 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131		The state of the s		٠
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICENTE, MARIO 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131				. : -
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS :	SPACE:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 a managing member or manager of the					

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 receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE;

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

APAIL 3, 200 8 305-591-1990

Date

Daytime Phone #