## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

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DOCUMENT # L04000083856						1	03-10-200	08 9033′	7 049 ***1	38.75	
1. Entity Nam SPECIAL	OPERAT	TIONS INVESTME	NTS, LLC			)					
Principal Place of Business			Mailing Address			7				٠.	
441 LAKE TREE DRIVE Weston, FL: 33326 US			441 LAKE TREE DRIVE WESTON, FL 33326 US			015	0826321			.*.	
WESTON, TE 35320 US			HE310H, 1E 33320 US			1	1		KORU IBUBU SULIB BIJI		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01022008		CR2E	083 (12/06)		_
City & State			City & State			APPLI	ED FOR	8263	21   Apr	plied For t Applicable	
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent					Name	7. Name a	nd Address of New F	Registered	Agent		
HICKEY, CARL J JR.					Name						
441 LAKE TREE DRIVE WESTON, FL 33326					Street Address	(P.O. Box Num	ber is Not Acceptabl	e) 	<u> </u>		-
					City			FL	Zip Code	<del></del> )	
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 signature required when reinstating)  DATE											
FILE	.NOW!!! J	FEE IS \$138,75 Fee will be \$538.7!	5						payable to	i de la maioritation de la maior	_
	, ,, 2000 .					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		,	
9. TITLE	MGR	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGE:	S Change	Addition	-
NAME -	1 -	CARL J JR.	L. Delete	NAN		•			change		
STREET ADDRESS CITY-ST-ZIP	1	TREE DRIVE			EET ADORESS (-ST-ZIP						ļ
TITLE	MGRM	, FL 33326	□ Delete	TITL	<del></del>	<del></del>			☐ Change	Addition	-
NAME	HICKEY,			NAN	AE .						
STREET ADDRESS CITY-ST-ZIP	1	TREE DRIVE , FL 33326			EET ADDRESS Y-ST-ZIP	***	•			(	
TITLE	Delete .			TITL Nam					☐ Change	Addition	i. Y
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CITY - ST - ZIP				City	r-ST-ZIP						
TITLE			☐ Delete	TITE					Change	Addition Addition	
STREET, ADDRESS.				NAM STRI	EET ADDRESS						
CITY-ST-ZIP				- CITY	r-ST-ZIP+	<u></u>				<del></del>	
TITLE NAME			☐ Delete	TITL NAM					☐ Change	Addition Addition	
STREET ADDRESS	1				EET ADDRESS						
CITY-ST-ZIP				CHY	r-St-ZIP						
TITLE			☐ Delete	THIL					· Change	☐ Addition	
NAME STREET ADDRESS				NAM	eet address					1	
CITY-ST-ZIP	<u></u>			CITY	r-ST-ZIP				v,		1
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.											
		<u> </u>	00 100	$\wedge$			~ A	95	t	/	
SIGNATURE: 9 Mc 68 9077906  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE Date Daylone Phone #											