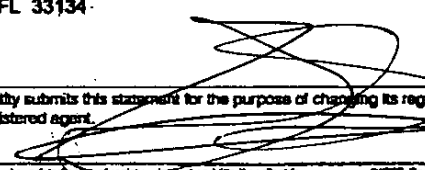
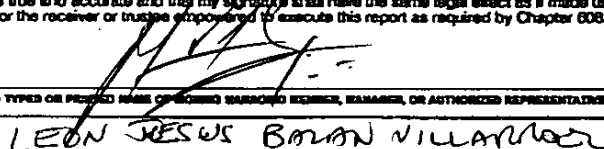


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90228 050 ****50.00

DOCUMENT # L04000085006			
1. Entity Name INVESTMENT BALAN LLC			
Principal Place of Business 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134		Mailing Address 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 2310 Country Club Prado		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State same	
Zip 33134	Country	Zip same	Country
4. FEI Number 20-2093824		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FABRE, FRANK R.S. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Fabre, Frank R.S. Street Address (P.O. Box Number is Not Acceptable) 2310 Country Club Prado City Coral Gables FL Zip Code 33134	
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.		DATE 3/21/07 NOTE: Registered Agent signature required when amending.	
Filing Fee to \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALAN, LEON J 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALAN, LEON J 2310 Country Club Prado Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 3/21/07 305-264-1021 Daytime Phone #	

LEON JESUS BALAN VILLANUEVA