

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # L04000094188

1. Entity Name  
ABOUT INVESTMENTS, LLC.



Principal Place of Business  
3585 NE 207 STREET  
#302  
AVENTURA, FL 33180

Mailing Address  
20975 NE 30TH PLACE  
AVENTURA, FL 33180



04212006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2069364

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP  
2455 E. SUNRISE BLVD.  
SUITE 602  
FORT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$50.00  
Due by May 1, 2006

U000000562721  
05/19/06-80066-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KLEIN ABOUT, CAROLE  
20975 NE 30TH PLACE  
AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #