


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90352 031 \*\*\*\*50.00

<b>DOCUMENT # L04000094188</b> 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		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>700 EAST DANIA BEACH</b> Suite, Apt. #, etc. <b>Suite 202</b>			
City & State City: DANIA, FL		4. FEI Number <b>20-2069364</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33004</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BARTHE &amp; LEIGH LLP</b> <b>2455 E. SUNRISE BLVD.</b> <b>SUITE 602</b> <b>FORT LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Name: <b>SIGFRIED KLEIN</b> Street Address (P.O. Box Number is Not Acceptable): <b>700 EAST DANIA BEACH</b> <b>SUITE 202</b> City: <b>DANIA</b> FL Zip Code: <b>33004</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><i>(Signature)</i></u> <b>(SIGFRIED KLEIN)</b> DATE: <b>04/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN ABOUT, CAROLE 20975 NE 30TH PLACE AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>(Signature)</i></u> <b>CAROL KLEIN</b> DATE: <b>04-26-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					