05-02-2007 90343-007 ****50.00
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2007 MAY 24 P 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01232007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY
Amended ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20975 NE 30th Place	PO Box 802012
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33280 Country: USA

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KLEIN ABOUT, CAROLE		NAME		
STREET ADDRESS	20975 NE 30TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #