

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010039

Entity Name: ALCON INVESTMENTS, LLC

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

19195 MYSTIC POINTE DRIVE
#1907
AVENTURA, FL 33180 US

Current Mailing Address:

19195 MYSTIC POINTE DRIVE
#1907
AVENTURA, FL 33180 US

New Principal Place of Business:

19195 MYSTIC POINTE DRIVE
#1907
AVENTURA, FL 33180 US

New Mailing Address:

19195 MYSTIC POINTE DRIVE
#1907
AVENTURA, FL 33180 US

FEI Number: 20-2266283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPERN, JONNY
19195 MYSTIC POINTE DRIVE
#1907
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALPERN, JONNY
Address: 19195 MYSTIC POINTE DRIVE
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: ALPERN, SARITA
Address: 19195 MYSTIC POINTE DRIVE
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALPERN, JONNY
Address: 19195 MYSTIC POINTE DR. 1907
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM (X) Change () Addition
Name: ALPERN, SARITA
Address: 19195 MYSTIC POINTE DR. 1907
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONNY ALPERN

MGRM

01/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date