

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010039

Entity Name: ALCON INVESTMENTS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

19195 MYSTIC POINTE DRIVE
#1907
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19195 MYSTIC POINTE DRIVE
#1907
AVENTURA, FL 33180 US

New Mailing Address:

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:

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

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: JONNY ALPERN

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SARITA ALPERN

MGRM

01/15/2009

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