

**2008 LIMITED LIABILITY COMPANY .  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08**  
**Secretary of**

**DOCUMENT # L05000015596**

1. Entity Name

ESTATE INVESTMENTS, L.L.C.



Principal Place of Business

% LEHTINEN, VARGAS & RIEDI, P.A.  
7700 N. KENDALL DRIVE, SUITE 303  
MIAMI, FL 33156

Mailing Address

% LEHTINEN, VARGAS & RIEDI, P.A.  
7700 N. KENDALL DRIVE, SUITE 303  
MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-2766088

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REIDI, CLAUDIO ESQ.  
7700 N. KENDALL DRIVE, SUITE 303  
MIAMI, FL 33156

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FREY, ROLAND  
EICHHOERNLIWEG 41/5734 REINACH  
SWITZERLAND,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FREY, PASCAL Y  
FAU-BLANC 20B/1009 PULLY  
SWITZERLAND,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000918366  
05/13/08-80080-008 138.75

**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 #

ROLAND FREY April 15 2008 305-279-1166