

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90461 004 ****50.00

DOCUMENT # L05000015954					
1. Entity Name VIDALMAR INVESTMENT GROUP LLC					
Principal Place of Business 14954 SW 58 ST MIAMI, FL 33193			Mailing Address 14954 SW 58 ST MIAMI, FL 33193		
2. Principal Place of Business - No P.O. Box # 7990 SW 117 Ave		3. Mailing Address 7990 SW 117 Ave			
Suite, Apt. #, etc. #208		Suite, Apt. #, etc. #208			
City & State Miami FL		City & State Miami, FL			
Zip 33183	Country Dade	Zip 33183	Country Dade	03062007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2342390				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, MARCOS A 16200 SW 144TH AVENUE MIAMI, FL 33177			7. Name and Address of New Registered Agent Name: <u>Rodriguez Marcos A</u> Street Address (P.O. Box Number is Not Acceptable) 7990 SW 117 Ave # 208 City: <u>Miami</u> <u>FL</u> Zip Code: <u>33183</u>		
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:		DATE: <u>3/6/07</u>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, MARCOS A 16200 SW 144TH AVENUE MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Rodriguez, Marcos A 7990 SW 117 Ave #208 Miami, FL 33183	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIDAL, LEONARD 14954 SW 58 ST MIAMI, FL 33193		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Vidal, Leonard 7990 SW 117 Ave, #208 Miami, FL 33183	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Delete			<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"/> Delete			<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"/> Delete			<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:			DATE: <u>3/6/07</u> <u>3052010251</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		