

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90205 037 ***138.75

DOCUMENT # L05000021857

1. Entity Name
6500 INVESTMENTS, LLC



Principal Place of Business Mailing Address
6500 COWPEN ROAD STE. 305 **6500 COWPEN ROAD STE. 305**
MIAMI LAKES FL 33014 **MIAMI LAKES FL 33014**



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
15321 NW 60th Ave.

Suite, Apt. #, etc.
#100

City & State
Miami Lakes, Fl.

Zip
33014

Country
Usda.

3. Mailing Address
15321 NW 60th Ave.

Suite, Apt. #, etc.
#100

City & State
Miami Lakes, Fl.

Zip
33014

Country
Usda.

4. FEI Number **20-2593693** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOLEDO, EVELIO A
6500 COWPEN ROAD STE. 305
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name *Toledo, Evelio A*

Street Address (P.O. Box Number is Not Acceptable)
15321 NW 60th Ave.

Suite, Apt. #, etc.
#100

City *Miami Lakes* **FL** Zip Code *33014*

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 *X* (NOTE: Registered Agent Signature required if applicable) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	TOLEDO, EVELIO A	6500 COWPEN ROAD STE. 305	MIAMI LAKES FL 33014	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Manager	Evelio A Toledo	15321 NW 60th Ave.	Miami Lakes, Fl. 33014	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<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 Section 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #