

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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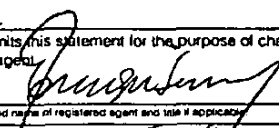
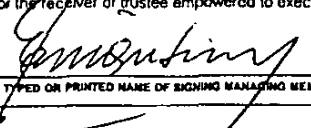
FILED
Aug 01, 2006 8:00 am
Secretary of State

07-17-2006 90043 032 ****50.00

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07052006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000022141			
1. Entity Name INVESTLAND LLC			
Principal Place of Business 9052 GRAND CANAL DR MIAMI, FL 33174		Mailing Address 9052 GRAND CANAL DR MIAMI, FL 33174	
2. Principal Place of Business 9052 Grand Canal Dr.		3. Mailing Address 9052 Grand Canal Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL 33174		City & State Miami FL 33174	
Zip 33174		Country USA	
4. FEI Number 20-5283202		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SUESCUN, ENRIQUE 9052 GRAND CANAL DR MIAMI, FL 33174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUESCUN, ENRIQUE 9052 GRAND CANAL DR MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUESCUN, ALEJANDRO 9052 GRAND CANAL DR MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUESCUN, BERTHA 9052 GRAND CANAL DR MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUESCUN, LILIANA 9052 GRAND CANAL DR MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 7/5/06 305/973-2608	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	