


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90275 019 ***150.00

DOCUMENT # L05000029753 1. Entity Name FLORIDA ATLANTIC SECURITIES INVESTMENTS, LLC	
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Principal Place of Business TWO DATRAN CENTER 9130 S DADELAND BLVD STE 1704 MIAMI, FL 33156	Mailing Address TWO DATRAN CENTER 9130 S DADELAND BLVD STE 1704 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2455117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, JOSE R TWO DATRAN CENTER 9130 SOUTH DADELAND BOULEVARD, SUITE 1704 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAREIRA, ALAN S 9130 SOUTH DADELAND BLVD., SUITE 1704 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, JOSE R 9130 SOUTH DADELAND BLVD., SUITE 1704 MIAMI, FL 33156
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**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: 	2/28/07	305-670-9250
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>