

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030057

FILED
Jan 10, 2007
Secretary of State

Entity Name: STONECOLD INVESTIGATIONS, LLC

Current Principal Place of Business:

POST OFFICE BOX 822226
PEMBROKE PINES, FL 330822226 US

New Principal Place of Business:

3403 N.W. 82 AVE
105
DORAL, FL 33122 US

Current Mailing Address:

POST OFFICE BOX 822226
PEMBROKE PINES, FL 330822226 US

New Mailing Address:

FEI Number: 83-0425717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEONARD, MALCOLM A
3810 HOLLYWOOD BOULEVARD
SUITE #3
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PETRI, JOHN III
Address: POST OFFICE BOX 822226
City-St-Zip: PEMBROKE PINES, FL 330822226 US

Title: V () Delete
Name: JONES, RANDOLPH
Address: POST OFFICE BOX 822226
City-St-Zip: PEMBROKE PINES, FL 330822226 US

Title: S () Delete
Name: ARIAS, CESAR
Address: POST OFFICE BOX 822226
City-St-Zip: PEMBROKE PINES, FL 330822226 US

Title: T () Delete
Name: ODIN, EUGENE
Address: POST OFFICE BOX 822226
City-St-Zip: PEMBROKE PINES, FL 330822226 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN PETRI III

P

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date