2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030057

Entity Name: STONECOLD INVESTIGATIONS, LLC

POST OFFICE BOX 822226

PEMBROKE PINES, FL 330822226 US

Address:

City-St-Zip:

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3403 N.W. 105 DORAL, F		6	1060 KANE CONCO BAY HARBOR ISLA		
Current Mailing Address:			New Mailing Address:		
	FICE BOX 822: KE PINES, FL	226 330822226 US			
FEI Number	: 83-0425717	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:	
3810 HOLI SUITE #3), MALCOLM A LYWOOD BOU DOD, FL 3302	JLEVARD			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	PETRI, JOHN POST OFFICE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JONES, RANDO POST OFFICE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ARIAS, CESAR POST OFFICE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T ()) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOHN PETRI III P 01/05/2008