

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033694

FILED
Mar 14, 2006
Secretary of State

Entity Name: BENSAADON INVESTMENTS, LLC

Current Principal Place of Business:

6635 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

New Principal Place of Business:

6635 W. COMMERCIAL BLVD.
114
TAMARAC, FL 33319

Current Mailing Address:

6635 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

New Mailing Address:

6635 W. COMMERCIAL BLVD.
114
TAMARAC, FL 33319

FEI Number: 20-2632887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020 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: MGRM () Delete
Name: BANSAADON, TZFANIA
Address: 6635 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: MGRM () Delete
Name: BENSAADON, SIMON
Address: 6635 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BANSAADON, TZFANIA
Address: 6635 W. COMMERCIAL BLVD. #114
City-St-Zip: TAMARAC, FL 33319

Title: MGRM (X) Change () Addition
Name: BENSAADON, SIMON
Address: 6635 W. COMMERCIAL BLVD. #114
City-St-Zip: TAMARAC, FL 33319

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: ZVI RAFILOVICH, CPA

POA

03/14/2006

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