

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033795

Entity Name: LN INVESTMENTS 1, LLC

FILED
Aug 09, 2006
Secretary of State

Current Principal Place of Business:

225 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

1281NW61ST
MIAMI, FL 33142

Current Mailing Address:

225 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

55WEST 47 ST
SUITE 540
NEW YORK, NY 10036

FEI Number: 20-2631287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SARIKOV, LEV
225 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 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: SARIKOV, LEV
Address: 225 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: SARIKOV, NISSIM
Address: 225 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLE BEACH, FL 33160

ADDITIONS/CHANGES:

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: LEV SARIKOV

OWNE

08/09/2006

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