

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036696

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: SCHALIT INVESTMENTS, LLC

**Current Principal Place of Business:**

430 GRAND BAY DRIVE, UNIT 504  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

430 GRAND BAY DRIVE, UNIT 504  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NISSIM, KENNETH  
430 GRAND BAY DRIVE  
604  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

SCHALIT, JUDITH  
430 GRAND BAY DRIVE  
604  
KEY BISCAYNE, FL 33149 US

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: JUDITH SCHALIT

04/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHALIT, JUDITH  
Address: 430 GRAND BAY DRIVE, UNIT 504  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: NISSIM, KENNETH  
Address: 430 GRAND BAY DRIVE, UNIT 604  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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

Title: DIR (X) Change ( ) Addition  
Name: NISSIM, KENNETH  
Address: 430 GRAND BAY DRIVE, UNIT 604  
City-St-Zip: KEY BISCAYNE, FL 33149

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.

SIGNATURE: KENNETH NISSIM

DIR

04/01/2008

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