

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037908

Entity Name: NOW INVESTMENTS LLC

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

410 POINCIANA ISLAND DR
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

410 POINCIANA ISLAND DR
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-2694749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAENZ, GEORGE
45 SW 24 RD
MIAMI, FL 33129 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: GRACIELA BEATRIZ VER, O COBOS
Address: DARWIN 343 PISO A (1414)
City-St-Zip: BUENOS AIRES, ARGENTINA, XX

Title: MGRM () Delete
Name: DIEGO ALVARO CERSOSI, MO
Address: CANALE 2446 JOSE MARMOL
City-St-Zip: BUENOS AIRES, ARGENTINA, XX

Title: MGRM () Delete
Name: LEONARDO FACUNDO CER, SOSIMO
Address: CANALE 2446 JOSE MARMOL
City-St-Zip: BUENOS AIRES, ARGENTINA, XX

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:

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: DIEGO ALVARO CERSOSIMO

MGRM

03/02/2006

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