


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90201 008 ****50.00

DOCUMENT # L05000038781

1. Entity Name
FOG INVESTMENTS, LLC



Principal Place of Business
**11991 S.W. 94 STREET
 MIAMI, FL 33186**

Mailing Address
**11991 S.W. 94 STREET
 MIAMI, FL 33186**

20015743



2. Principal Place of Business
14021 S.W. 143 CT

3. Mailing Address
14021 S.W. 143 CT

Suite, Apt. #, etc. **# 6**

02032006 Chg-LLC CR2E083 (11/05)

City & State **MIAMI - FLORIDA**

City & State **MIAMI - FLORIDA**

Zip **33186** Country

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4. FEI Number **20-2874186**

Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOPEZ, JOSE
 11991 S.W. 94TH STREET
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent
 Name **LOPEZ JOSE**
 Street Address (P.O. Box Number is Not Acceptable)
14021 S.W. 143 CT # 6
 City **MIAMI - FLORIDA** **FL** Zip Code **33186**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/8/06**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGRM
 LOPEZ JOSE
 14021 S.W. 143 CT # 6
 MIAMI - FLORIDA 33186**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE **3/8/06** (406) 486-6871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE