

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041604

Entity Name: BRUMAR INVESTMENTS, LLC

FILED  
Feb 08, 2008  
Secretary of State

## Current Principal Place of Business:

9000 SW 87 COURT  
MIAMI, FL 33176

## New Principal Place of Business:

C/O FITELL 9220 SW 72 STREET  
101  
MIAMI, FL 33173 US

## Current Mailing Address:

PO BOX 143768  
CORAL GABLES, FL 33114

## New Mailing Address:

PO BOX 330729  
MIAMI, FL 332330729 US

FEI Number: 20-2759344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FITELL, BRUCE  
9000 SW 87 COURT  
SUITE 107  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

FITELL, BRUCE  
9220 SW 72 STREET  
SUITE 101  
MIAMI, FL 33173 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: BRUCE FITELL

02/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FITELL, BRUCE  
Address: PO BOX 143768  
City-St-Zip: CORAL GABLES, FL 33114

Title: MGR ( ) Delete  
Name: CALDERON, MARIA T  
Address: PO BOX 143768  
City-St-Zip: CORAL GABLES, FL 33114

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FITELL, BRUCE  
Address: PO BOX 330729  
City-St-Zip: MIAMI, FL 332330729 US

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

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: BRUCE FITELL

MGRM

02/08/2008

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