2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2008 08:00 All Secretary of State

ANNUAL REPORT			Apr 10, 2008 '08:0	
DOCUMENT # L05000045841			Se	cretary of St
1. Entity Nam	ESTMENTS LLC			a historia de esperante de la compansión d
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	te of Business Mailing Address		•	•
	66TH STREET 951 SW 4TH AVE NGS,, FL 33076 BOCA RATON, FL 33432			
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, 't -			20-2888811	Not Applicable 55.00 Additional
, of		, · · · · ·	5. Certificate of Status Desired [Fee Required
	6. Name and Address of Current Registered Agent	- :		
BLAKESBERG, WILLIAM J CPA 951 SW 4TH AVE BOCA RATON, FL 33432			DO NOT WR	ITE
				•
1 100 A 10 A 10 A 10 A 10 A 10 A 10 A 1			IN THIS SPA	CE
			,	
	named entity submits this statement for the purpose of changing its registe	ed office or register	ed agent, or both, in the State of Florida	. I am familiar with, and accept
the obligat	ions of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and tille if applicable (NOTE: Register	ed Agent signature required	when reinsta(ing)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			000000890821 04/22/08-80110-022 138,75	
9.	MANAGING MEMBERS/MANAGERS		04/22/06 -81)11U-UZZ 138.(3
TITLE	MGR	1	•	
NAME	ROWE, MICHAEL		•	
STREET ADORESS CITY-ST-ZIP	10030 NW 56TH STRET CORAL SPRINGS, FL 33076	,		
TITLE	MGRM			
NAME	ROWE, SOPHIE L	17.	ا جائي جائي آهي. معاملي جي من موري جي ما يون الما	
STREET ADDRESS CITY-ST-ZIP	10030 NW 56TH STREET CORAL SPRINGS, FL 33076			
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STREET ADDRESS				• • • • • •

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 ilimited liability company or the receiver or tupled empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME, . .

STREET ADDRESS

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

, ,544-14, -------

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4/488 954-802-8692

Daytime Phone #