

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045867

FILED
Aug 27, 2008
Secretary of State

Entity Name: 840 PROPERTY INVESTMENT, L.L.C.

Current Principal Place of Business:

840 W 84 STREET
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

840 W 84 STREET
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 20-2817326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NOVALES, RAUL A
840 W 84 STREET
HIALEAH, FL 33014 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NOVALES, RAUL A
Address: 6315 GAGE PL NO 104
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: NOVALES, RAUL P
Address: 16425 FOX-DEN CT
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: NOVALES, BRAULIO J
Address: 1015 W 60TH ST
City-St-Zip: HIALEAH, FL 33012

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 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: RAUL A NOVALES

MGR

08/27/2008

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