

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046053

Entity Name: PTO INVESTMENTS, L.L.C.

FILED
Apr 16, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 331717
COCONUT GROVE, FL 33233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331717
COCONUT GROVE, FL 33233

New Mailing Address:

FEI Number: 20-3305176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDOMO, RAUL
999 BRICKELL AVENUE, STE. 401
MIAMI, FL 33131 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: PERDOMO, LIZA
Address: P.O. BOX 331717
City-St-Zip: COCONUT GROVE, FL 33233

Title: MGRM () Delete
Name: PERDOMO, RAUL
Address: P.O. BOX 331717
City-St-Zip: COCONUT GROVE, FL 33233

Title: MGRM () Delete
Name: PERDOMO, SONIA
Address: P.O. BOX 331717
City-St-Zip: COCONUT GROVE, FL 33233

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: LIZA PERDOMO

MGRM

04/16/2006

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