

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048894

FILED
Jul 27, 2006
Secretary of State

Entity Name: HAVLOFTS INVESTMENT GROUP, LLC

Current Principal Place of Business:

C/O GARCIA ESPINOSA & MIYARES COMPANY
100 ALMERIA AVENUE, SUITE 230
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O GARCIA ESPINOSA & MIYARES COMPANY
100 ALMERIA AVENUE, SUITE 230
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BOHATCH, JOHN S ESQ
2600 DOUGLAS ROAD, PENTHOUSE 8
CORAL GABLES, FL 33134 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: JELKE, WILLIAM
Address: 100 ALMERIA AVENUE, SUITE 230
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PIETRA, MANUEL S
Address: P.O. BOX 143509
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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: WILLIAM JELKE

MGR

07/27/2006

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