2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000048894

1. Entity Name
HAVLOFTS INVESTMENT GROUP, LLC

FILED
07 AUG -6 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

Principal Place of Business	Mailing Address
C/O GARCIA ESPINOSA & MIYARES COMPANY 100 ALMERIA AVENUE, SUITE 230 CORAL GABLES, FL 33134	C/O GARCIA ESPINOSA & MIYARES COMPANY 100 ALMERIA AVENUE, SUITE 230 CORAL GABLES, FL 33134
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07132007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOHATCH, JOHN S ESQ 2600 DOUGLAS ROAD, PENTHOUSE 6 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00	BK	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JELKE, WILLIAM 100 ALMERIA AVENUE, SUITE 230 CORAL GABLES, FL 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANDRI, DAVID M 100 ALMERIA AVENUE, SUITE 230 CORAL GABLES, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PIETRA, MANUEL S P.O. BOX 143509 CORAL GABLES, FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM 600107377856 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: DAVID M. SANDRI MGR MEMBER 7/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L05000048844

RECEIVED
07 AUG -6 PM 12:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 042576 5014227

AUTHORIZATION :

COST LIMIT : $ 50.00

ORDER DATE : August 6, 2007

ORDER TIME : 12:15 PM

ORDER NO. : 042576-005

CUSTOMER NO: 5014227

***AMENDED ANNUAL REPORT FILING

NAME: HAVLOFTS INVESTMENT GROUP, LLC

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TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carina Dunlap, ext 2951

EXAMINER'S INITIALS: _____

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