

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051608

FILED
Mar 27, 2007
Secretary of State

Entity Name: BROTHER & SISTER INVESTMENT LLC

Current Principal Place of Business:

691 W 24 ST.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

691 W 24 ST.
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-2922384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, MIGUEL
691 W 24 ST.
HIALEAH, FL 33010 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: MGR () Delete
Name: ALVAREZ, MIGUEL
Address: 691 W 24 ST.
City-St-Zip: HIALEAH, FL 33010

Title: MGRM () Delete
Name: ALVAREZ, JOSE LUIS
Address: 2366 W 6 LANE
City-St-Zip: HIALEAH, FL 33010

Title: MGRM () Delete
Name: ALVAREZ, ISMARY
Address: 2445 W 6 LANE
City-St-Zip: HIALEAH, FL 33010

Title: MGRM () Delete
Name: ALVAREZ, ANA
Address: 691 W 24 ST.
City-St-Zip: HIALEAH, FL 33010

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:

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: MIGUEL F. ALVAREZ

MGR

03/27/2007

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