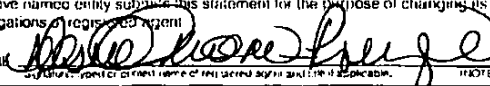
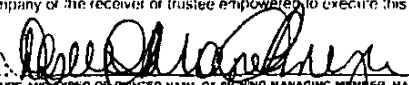


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-19-2007 90192 043 ****50.00

DOCUMENT # L05000053032 1. Entity Name CACOPHONY GROUP INVESTMENTS, LLC					
Principal Place of Business 4715 S.W. 164TH AVENUE MIRAMAR, FL 33027			Mailing Address 4715 S.W. 164TH AVENUE MIRAMAR, FL 33027		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number APPLIED FOR			Applied For (Not Applicable)		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MORENO-PINEYRO, DISIREE B 4715 S.W. 164TH AVENUE MIRAMAR, FL 33027			7. Name and Address of New Registered Agent 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:  DATE: 2/16/07 (Signature of current name of registered agent and fee is applicable. NOTE: Registered Agent signature required when necessary.)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DR INVESTMENT SERVICES, INC. 4715 S.W. 164TH AVENUE MIRAMAR, FL 33027	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DISIREE B MORENO-PINEYRO 4715 SW 164 AVE MIRAMAR, FL 33027	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR REDRUELLO INVESTMENTS, INC. 4715 S.W. 164TH AVENUE MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: 			DATE: 2/16/07 305-416-6670		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30002178



02162007 Chg-LLC CR2E083 (12/06)

ATTACHMENT

30062178

#E05000053032

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **51-0544810**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested CACOPHONY GROUP INVESTMENTS, LLC								
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 4715 SW 164 AVE		5a Street address (if different) (Do not enter a P.O. box.)						
	4b City, state, and ZIP code MIRAMAR, FL 33027		5b City, state, and ZIP code						
	6 County and state where principal business is located Broward, Florida								
	7a Name of principal officer, general partner, grantor, owner, or trustee DR Investment Services, Inc		7b SSN, ITIN, or EIN 25-1906216						
8a Type of entity (check only one box)									
☐ Sole proprietor (SSN) _____ ☒ Partnership ☐ Corporation (enter form number to be filed) ▶ _____ ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ _____ ☐ Other (specify) ▶ _____									
☐ Estate (SSN of decedent) _____ ☐ Plan administrator (SSN) _____ ☐ Trust (SSN of grantor) _____ ☐ National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____									
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida Foreign country							
9 Reason for applying (check only one box)									
☒ Started new business (specify type) ▶ REAL ESTATE SERVICES ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶ _____									
☐ Banking purpose (specify purpose) ▶ _____ ☐ Changed type of organization (specify new type) ▶ _____ ☐ Purchased going business ☐ Created a trust (specify type) ▶ _____ ☐ Created a pension plan (specify type) ▶ _____									
10 Date business started or acquired (month, day, year) 5/27/05		11 Closing month of accounting year December							
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)									
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".									
<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>				Agricultural	Household	Other	0	0	0
Agricultural	Household	Other							
0	0	0							
14 Check one box that best describes the principal activity of your business.									
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail ☐ Other (specify) ▶ _____									
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. REAL ESTATE SERVICES									
16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note: If "Yes," please complete lines 16b and 16c.									
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____									
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____									
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.								
	Designee's name Address and ZIP code		Designee's telephone number (include area code) () Designee's fax number (include area code) ()						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.									
Name and title (type or print clearly) Desiree B. Moreno-Pineyro		Applicant's telephone number (include area code) ()							
Signature [Signature]		Applicant's fax number (include area code) ()							
Date 5-27-05									