2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # L050000579 NDIA INVESTMENTS, LLC		02-27-2006 9	90418 044 ;	****50.	00			
Principal Place of Business 1627 BRICKELL AVENUE, APT. 406 MIAMI, FL 33129		Mailing Address 1627 BRICKELL AVENUE, APT. 406 MIAMI, FL 33129		1 (0.0)(2)(1	T PRINCELLI GRUN BRUN ARI	3000 73	65		
2. Principal Place of Business		3. Mailing Address 862 SUFFLOUER CIN		<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, elc.		05022006	Chg-LLC	CR2E083	(11/05)		
City & State	e	City & State UをSTo시	- FL	4. FEI Numb	er - 3030	203		olied For Applicable	
Zip	Country	33327	Country ひら ろ	5. Certificate	of Status Desired		.00 Addi Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent					
GOMEZ, R	RODRIGO EKELL AVENUE, APT. 406		Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL					·•				
			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									
		,		,					
Filing Fee Is \$50.00 Due by September 6, 2006					Make check payable to Florida Department of State				
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/	CHANGES			
TITLE :	PRESIDENT RODRIGO G	☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1627 BZICKELL	OMEZ AJE, APT 406 33129							
TITLE NAME	V. Plesident	STMENTS KC	TITLE NAME) Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	BEZ SUNFLAWE WESTON FL		STREET ADDRESS CITY-ST-ZIP						
TITLE	WEST BR	Delete	TILE		· · ·] Change	☐ Addition	
NAME STREET ADDRESS			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
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STREET ADDRESS			NAME Street address					ļ	
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TITLE		Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME Street Address						
CITY-ST-ZIP			CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filling 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 lattice of the limited liability company or the lattice of the lattice of the lattice of the lattice of the limited liability company or the lattice of									

- PODRIES

TAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

COMES -

ATTACHMENT (954) 659 2153

9 02 06 01:54p

IDG# 9

SUNTRUST BANK
P 0 BOX 622227
ORLANDO FL 32862-2227 L 050060 5 75 40

Page 3 of 3 36/E00/0175/0 /34 1000033309153 03/31/2006



Account Statement

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Ck#1008 03/02 \$50.00	Ck # 1011 03/03 \$880.
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Ck # 1009 ' 03/03 \$921.58	Ck # 1013 03/30 \$1,02
SUNTING CONSTITUTE ACTION SERVICE STATE ACTION SERVICE STATE ACTION SERVICE STATE ACTION SERVICE SERVICE STATE ACTION SERVICE	
Ck # 1010 03/03 \$967.66	

To Fisher

Member FDIC