


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90039 041 ****50.00

DOCUMENT # L05000069014	
1. Entity Name E.F.C. INVESTMENTS, LLC	

Principal Place of Business 2131 SW 97TH COURT MIAMI, FL 33165	Mailing Address 2131 SW 97TH COURT MIAMI, FL 33165
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent VELASCO, OLGA BUSTO VILA, PADRON & DIAZ, P.A. 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
Name	CUELLO FRANCISCO J.
Street Address (P.O. Box Number is Not Acceptable)	
2131 SW 97TH COURT	
City	MIAMI FL
Zip Code	33165

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	Francisco Cuello M D P A
DATE 4-5-06	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUELLO, FRANCISCO J 2131 SW 97TH COURT MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Francisco Cuello M D P A	Date 4-5-06 305-5418600