


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90032 009 ****50.00

DOCUMENT # L05000070138	
1. Entity Name DONLEY INVESTMENTS, LLC	

Principal Place of Business 20197 N.E. 16TH PLACE MIAMI, FL 33179	Mailing Address 20197 N.E. 16TH PLACE MIAMI, FL 33179
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change to:

2. Principal Place of Business - No P.O. Box # 3802 NE 207 Street	3. Mailing Address 3802 NE 207 Street
Suite, Apt. #, etc. # 2401	Suite, Apt. #, etc. # 2401
City & State Aventura Florida	City & State Aventura Florida
Zip 33180	Country USA



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3209219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BILU, JOSEPH 20197 N.E. 16TH PLACE MIAMI, FL 33179	7. Name and Address of New Registered Agent Name Joseph Bilu Street Address (P.O. Box Number is Not Acceptable) 3802 NE 207 Street # 2401 City Aventura FL Zip Code 33180
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	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 BILU, JOSEPH 3802 N.E. 207TH STREET #2401 AVENTURA, FL 33180 <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	MGRM BILU, TOVA 3802 NE 207TH STREET #2401 AVENTURA, FL 33180 <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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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

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 606, Florida Statutes.

SIGNATURE: JOSEPH BILU *Joseph Bilu* 4/30/07 305-935-5884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #