

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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~~

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

Zip
33180

Country
USA

6. Name and Address of Current Registered Agent

**BILU, JOSEPH
20197 N.E. 16TH PLACE
MIAMI, FL 33179**

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

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
33180

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR	<input type="checkbox"/> Delete	TITLE BILU, JOSEPH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 3802 N.E. 207TH STREET #2401		NAME AVENTURA, FL 33180	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE BILU, TOVA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 3802 NE 207TH STREET #2401		NAME AVENTURA, FL 33180	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: JOSEPH BILU Joseph Bilu **1/30/07 305-935-5884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #