

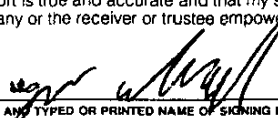


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90233 029 ***138.75

DOCUMENT # L05000073051					
1. Entity Name N & Y INVESTMENTS, LLC					
Principal Place of Business 2908 CARAMBOLA CIRCLE SOUTH, APT. B-404 COCONUT CREEK, FL 33066 US			Mailing Address 2908 CARAMBOLA CIRCLE SOUTH, APT. B-404 COCONUT CREEK, FL 33066 US		
2. Principal Place of Business - No P.O. Box # 60 NW 110 Avenue Suite, Apt. #, etc. Plantation, FL City & State		3. Mailing Address 60 NW 110 Ave Suite, Apt. #, etc. Plantation, FL City & State			
4. FEI Number 20-4713746		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02042008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent MICHAN, AVI 2908 CARAMBOLA CIRCLE SOUTH APT. B-404 COCONUT CREEK, FL 33066		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A & Y INVESTMENTS, LLC 2908 CARAMBOLA CIRCLE SOUTH, APT. B-404 COCONUT CREEK, FL 33066 <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 608, Florida Statutes.					
SIGNATURE: 		Date 4/4/08		Daytime Phone #	