

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000075223	
1. Entity Name ACOSTA & GUINOT INVESTMENTS LLC	

Principal Place of Business 540 BRICKELL KEY DRIVE, SUITE 500 MIAMI, FL 33131	Mailing Address 540 BRICKELL KEY DRIVE, SUITE 500 MIAMI, FL 33131
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02272007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3270439	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

**GUINOT, MAGDA L
540 BRICKELL KEY DRIVE, SUITE 500
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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**

00000683451
04/05/07-80045-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACOSTA, ENRIQUE 540 BRICKELL KEY DRIVE, SUITE 500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUINOT, MAGDA L 540 BRICKELL KEY DRIVE, SUITE 500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Magda L. Guinot 2/28/07 305-785-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #