


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90035 001 \*\*\*450.00

<b>DOCUMENT # L05000078537</b>	
1. Entity Name <b>LAT INVESTMENTS, L.L.C.</b>	

Principal Place of Business <b>121 ALHAMBRA PLAZA MIAMI, FL 33134</b>	Mailing Address <b>121 ALHAMBRA PLAZA MIAMI, FL 33134</b>
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2. Principal Place of Business - No P.O. Box # <b>4890 W. Kennedy Blvd.</b>	3. Mailing Address <b>4890 W. Kennedy Blvd.</b>
Suite, Apt. #, etc. <b>Suite 900</b>	Suite, Apt. #, etc. <b>Suite 900</b>
City & State <b>Tampa, FL.</b>	City & State <b>Tampa, FL.</b>
Zip <b>33609</b>	Country <b>USA</b>



02232007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DE CORTES, DARLING A ESQ 121 ALHAMBRA PLAZA, 10TH FLR CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name <b>Darling de Cortes, Andrea</b> Street Address (P.O. Box Number is Not Acceptable) <b>4890 W. Kennedy Blvd. Suite 900</b> City <b>Tampa</b> FL Zip Code <b>33609</b>
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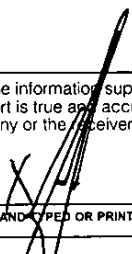
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE <b>02/26/07</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABITBOL, ALEX J 121 ALHAMBRA PLAZA, 10TH FLR MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Abitol, Alex J. 4890 W. Kennedy Blvd., Suite 900 Tampa, FL. 33609 <input checked="" 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 <b>2/26/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	