2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State			
DOCUMENT # L05000081024 1. Entity Name						05-01-2006 9	0052 025	5 ****50.	00
S & S INVESTMENTS LLC									
Principal Place	e of Business		Mailing Address						
10770 NW 52ND ST MIAMI, FL 33178			10770 NW 52ND ST MIAMI, FL 33178						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04212006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State		4. FEI Numb 2-0	-33169	75		plied For Applicable
Zip		Country	Zip	Country	5. Certificate	e of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current R	Namo	7. Name an	d Address of New R	egistered A	gent		
ZULETA, CAROLINA 10770 NW 52ND ST			Name Street Address		ess (P.O. Box Numb	per is Not Acceptable)		
MIAMI, FL 33178					,,				
				City	City FL Zip Code			;	
	named entity ions of registe		the purpose of changing its	registered office or reg	istered agent, or be	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .								<u></u>	
	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent signature re-	quired when reinstating)	r -	DATE		
Filing Fee is \$50.00 Due by May 1, 2006							e check pa a Departme		.
9. MANAGING MEME			ERS/MANAGERS 10.						
TITLE	MGRM			1U.		ADDITIONS/	CHANGES		
NAME STREET ADDRESS			☐ Delete	TITLE		ADDITIONS		☐ Change	Addition
	1	CAROLINA		TITLE NAME		ADDITIONS		☐ Change	Addition
CITY-ST-ZIP	10770 NW MIAMI, FL	/ 52ND ST		TITLE		ADDITIONS (☐ Change	Addition
CITY-ST-ZIP TITLE	10770 NW MIAMI, FL MGRM	/ 52ND ST . 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	10770 NW MIAMI, FL MGRM SALAZAR	752ND ST . 33178 ., VANESSA	☐ Delete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME		ADDITIONS)			
CITY-ST-ZIP TITLE	10770 NW MIAMI, FL MGRM	7 52ND ST . 33178 ., VANESSA 7 52ND ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS/			
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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 fiability company or the receiver or trustee and world of execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/27/00

786-355-2225

Daytime Phone #