


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L05000083843 1. Entity Name A & R COMMERCIAL INVESTMENTS, LLC	
--	---

Principal Place of Business 13275 S.W. 136TH STREET UNIT 1 MIAMI, FL 33186 US	Mailing Address 13951 S.W. 136TH PLACE MIAMI, FL 33186 US
---	---

DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3360760	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 ROBERTO, BASTORI 13951 S.W. 136TH PLACE MIAMI, FL 33186	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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000910527
05/07/08-80002-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASTORI, ROBERTO 13951 S.W. 136TH PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM ABELARDO, BASTORI 15893 S.W. 84TH STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/15/08 *(25) 903-8880*