## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2008 08:00 A

	ANNOAL	REPURI		94	66	
DOCUMENT # L05000106810				Secretary of State		
1. Entity Name DALGIVI INVESTMENTS, LLC						
	,					
Principal Plac	ce of Business	Mailing Address				
75 EAST 49 HIALEAH, FL		75 EAST 49 STREET HIALEAH, FL 33013 US				
HIALEAN, FL	L 33013 U3	MIALEAM, FL 33013 US				
	•				84 JJDJJ BOSIO WILDI 18181 14816 BOLBAJ 111 1883	
DO NOT WRITE IN THIS SPACE				01112008 No Chg-LLC	CR2E083 (12/07)	
L	O NOI WKIIE	IN INIS SPA	4, 16,140	4. FEI Number 20-3735187	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Current	Registered Agent	<u></u>	· ·	Fee Required	
			7			
CROITORU, DAVID 75 EAST 49 STREET HIALEAH, FL 33013				DO NOT WRITE IN THIS SPACE		
8. The above	e named entity submits this statement for	r the nurpose of channing its registe	ered office or register	ed agent, or both, in the State of Eld	oride. Lam familiar with and accept	
the obliga	tions of registered agent.	a the perpose of changing its registe	roa amos or rogistor	od agom, or ooth, in the state or re	rigg. Tarriania viiri, and accept	
SIGNATURE	' Signature, typed or printed name of registered agent	(NOTE Parists	red Agent signature required	. Non sciental and	DATE	
	Signature, typed or printed name or registered agent	and tide ii applicable (NOTE: Registe		when remaining)	LAIL .	
After Ma	E NOW!!!  FEE I\$ \$138.75 y 1, 2008 Fee will be \$538.7! !	3		•		
9.	MANAGING MEMBI	RS/MANAGERS				
TITLE NAME	MGR CROITORU, DAVID		1			
STREET ADDRESS						
CITY-ST-ZIP	HIALEAH, FL 33013			HANDO	10792933	
TITLE NAME	MGRM   ESQUENAZI, ALBERTO			01/ĬŠŽÕ8	)0782933 3-80094-017 138.75	
STREET ADDRESS	75 EAST 49 STREET					
CITY-ST-ZIP	HIALEAH, FL 33013		_			
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE			IN THIS SPACE			
NAME				114 1 HIS 21	ACE	
STREET ADDRESS CITY-ST-ZIP		·				
TITLE	2 1 1		-1			
NAME						

11. I hereby certify that the information supplied with this filling 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 DAVID CASTONIA 1/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #

CITY-ST-ZIP

NAME - / - ;
STREET ADDRESS
CITY-ST-ZIP