

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112991

Entity Name: OT INVESTMENTS, LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

7865 NW 46 ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7865 NW 46 ST
MIAMI, FL 33166

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERDELAO, RONALDO
805 SW 158TH TERRACE
FORT LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D,P () Delete
Name: TORRENTO, JOSEFA S
Address: 2800 NE 183 STREET
City-St-Zip: AVENTURA, FL 33160

Title: S () Delete
Name: ORIOL, RICARDO
Address: 2800 NE 183 STREET
City-St-Zip: AVENTURA, FL 33160

Title: A,S () Delete
Name: ORIOL, ALBERTO T
Address: 2800 NE 183 STREET
City-St-Zip: AVENTURA, FL 33160

Title: MGRP () Delete
Name: ORIOL, JOAQUIN
Address: 19132 NORTH HIBISCUS ST
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAQUIN ORIOL

MR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date