## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

OCUMENT # L05000114403					
. Entity Name MARSTELLA INVESTMENT LLC			2007 JUL -9 PM 2: 42	•	
		The same of the sa		•	
cipal Place of Business       Mailing Address         10 N.W. 7TH STREET, SUITE 710       5040 N.W. 7TH STREET, SUITE 710         MI, FL 33126       MIAMI, FL 33126		T, SUITE 710	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
			1 (18 (18 ) BUL SHEL SHE SHE SHE SHE HELL (18 ) BUSH SHE BUSH		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2655 LEJEUNE RD. 2655 LEJE		EUNE RI)			
Suite, Apt. #, etc. Suite, Apt. #, etc.			05232007 Chg-LLC CR2E083 (12/06)		
City & State			· · · · · · · · · · · · · · · · · · ·	olied For	
LARAL GABLES				Applicabl	
2ip 33/34 Cgunitry 4	33134	Country	5. Certificate of Status Desired Space Spa		
6. Name and Address of Curre		Name a A	7. Name and Address of New Registered Agent		
POSSE, ARMANDO		AR	HANDO POSSE	<u></u>	
5040 N.W. 7TH STREET, SUITE 710 MIAMI, FL 33126			s (P.O. Box Number is Not Acceptable)		
		2655	LEJEUNE RD. #1110 PAL GABLES FL 331		
_	_	City COR	LAL GABLES FL 3331	34	
<ol><li>The above named entity submits this statemen the obligations of requirered agent.</li></ol>	t for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, a	and accep	
	7		5/22/0	7	
SIGNATURE Signature, typed or printed name of registered ac	pent and title if applicable. (NOT)	F. Registered Agent signature requi	ired when reinstating) DANE		
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES		
ITILE   MGRM VAME   GOMEZ, RAFAEL	Delete	HILEMERM GO	OHEZ, RAFAEL Change	Additio	
STREET ADDRESS 5040 N.W. 7TH STREET, SUI	TE 710	STREET ADDRESS 26	55 LETEUNE RD. #1110	_	
CITY-SI-ZIP MIAMI, FL 33126			RAL BABLES, FL 33/34		
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NAME	_ Dollie	NAME	400106264444		
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NAML Street address		NAME SIREET ADDRESS			
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IILE	☐ Delete	TITLE	☐ Change	Additio	
IAME STREET ADDRESS		NAME STREET ADDRESS			
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i	□ Delete	NAME STREET ADDRESS			
STREET ADDRESS	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			
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SIREET ADDRESS DITY-ST-ZIP	with this stage and quality to a	STREET ADDRESS CITY-ST-ZIP	ed in Chapter 119, Florida Statutes. I further certify that the infor if made under oath, that I am a managing member or manager apter 608, Florida Statutes.	mation of the	
IREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied vindicated on this report is true and accurate limited liability company or the receiver or true.	with this filling does not qualily to and that my signature shall have side empowered to execute this	STREET ADDRESS CITY-ST-ZIP  If the exemptions containe the same legal effect as i report as required by Cha	ed in Chapter 119, Florida Statutes. I further certify that the information of made under oath, that I am a managing member or manager apter 608, Florida Statutes.	mation of the	
TREET ADDRESS	with this filling does not quality to and that my signature shall have slee empowered to execute this ARMAN	STREET ADDRESS CITY-ST-2IP  If the exemptions containe the same legal effect as i report as required by Che	if made under oath, that I am a managing member or manager apter 608, Florida Statutes.	mation of the	