

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114908

Entity Name: 706 INVESTMENTS LLC

FILED  
Jan 24, 2007  
Secretary of State

**Current Principal Place of Business:**

828 NE 17TH WAY-UNIT #3  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4567  
FORT LAUDERDALE, FL 33338

**New Mailing Address:**

FEI Number: 20-3898620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPBELL, PHILIP  
828 NE 17TH WAY, UNIT #3  
FORT LAUDERDALE, FL 33304 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: MGRM ( ) Delete  
Name: CAMPBELL, PHILIP  
Address: 828 NE 17TH WAY-UNIT #3  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR ( ) Delete  
Name: ADDISON, PETER J  
Address: 828 NE 17TH WAY-UNIT #3  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: ADDISON, PETER J  
Address: 828 NE 17TH WAY-UNIT #3  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: PHILIP CAMPBELL

MGRM

01/24/2007

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