


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000118631 1. Entity Name ANM OK GROUP INVESTMENT, LLC |  |
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|--|---|
| Principal Place of Business 3360 PADDOCK ROAD WESTON, FL 33331 | Mailing Address C/O ATER REGISTERED AGENTS, LLC 2601 S. BAYSHORE DR. #700 COCONUT GROVE, FL 33133 US |
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04292008No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ATER REGISTERED AGENTS, LLC
 2801 SOUTH BAYSHORE DRIVE
 SUITE 700
 COCONUT GROVE, FL 33133

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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

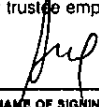
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MEJIA, ALBERTO 3360 PADDOCK ROAD WESTON, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM O.K. INVESTORS, INC. 416 N.E. 15TH AVENUE, #14 FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/29/08-80088-004 138.75

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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:  Date 4/28/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE