

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118810

FILED
Apr 30, 2009
Secretary of State

Entity Name: LORDAN INVESTMENTS LLC

Current Principal Place of Business:

131 PALOMA DR.
CORAL GABLES, FL 33143

New Principal Place of Business:

131 PALOMA DR.
CORAL GABLES, FL 33143 US

Current Mailing Address:

131 PALOMA DR.
CORAL GABLES, FL 33143

New Mailing Address:

131 PALOMA DR.
CORAL GABLES, FL 33143 US

FEI Number: 20-3940120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENA, J. DAVID
701 BRICKELL AVENUE
SUITE 1650
MIAMI, FL 33131 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: REAMUS ENTERPRISES LIMITED
Address: 131 PALOMA DRIVE
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM () Delete
Name: BRINKMANN, ARNOLD JR.
Address: 131 PALOMA DRIVE
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REAMUS ENTERPRISES LIMITED
Address: 131 PALOMA DRIVE
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM (X) Change () Addition
Name: BRINKMANN, ARNOLD JR.
Address: 131 PALOMA DRIVE
City-St-Zip: CORAL GABLES, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify 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: ARNOLD BRINKMANN JR.

MGRM

04/30/2009

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