

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122803

FILED
Jul 09, 2006
Secretary of State

Entity Name: ADRIEN'S INVESTMENT LLC

Current Principal Place of Business:

P.O. BOX 174088
MIAMI, FL 33017

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 174088
MIAMI, FL 33017

New Mailing Address:

FEI Number: 55-0911446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADRIEN, SYLVESTER P
1001 SHARAR AVENUE
OPA LOCKA, FL 33054 US

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: MGR () Delete
Name: ADRIEN, KARLA A
Address: P.O. BOX 174088
City-St-Zip: MIAMI, FL 33017

Title: MGR () Delete
Name: ADRIEN, PETER S
Address: P.O. BOX 174088
City-St-Zip: MIAMI, FL 33017

ADDITIONS/CHANGES:

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: KARLA ADRIEN

MGR

07/09/2006

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