


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90032 007 ****50.00

DOCUMENT # L06000000367

1. Entity Name
LIEBRE INVESTMENTS, L.L.C.




Principal Place of Business Mailing Address
 170 OCEAN LANE DRIVE #708 170 OCEAN LANE DRIVE #708
 KEY BISCAVNE, FL 33149 KEY BISCAVNE, FL 33149

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4004-1



04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4122600** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, LISETTE PIE ESQ
 260 CRANDON BLVD STE 48
 KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOPEZ, JENNY	
STREET ADDRESS	170 OCEAN LANE DRIVE #708	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BARRENECHE, INGRID	
STREET ADDRESS	170 OCEAN LANE DRIVE #708	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ZEA, JORGE	
STREET ADDRESS	170 OCEAN LANE DRIVE #708	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Zea, Jorge Manager 04/16/07 3052447242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #