


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90274 046 \*\*\*\*50.00

DOCUMENT # L06000002701	
1. Entity Name SALOMON INTERNATIONAL INVESTMENTS, LLC	

Principal Place of Business 100 SE 2ND STREET STE 2610 MIAMI, FL 33131	Mailing Address 100 SE 2ND STREET STE 2610 MIAMI, FL 33131
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60015703



2. Principal Place of Business - No P.O. Box # 18901 NE 14 <sup>th</sup> AVE.	3. Mailing Address 18901 NE 14 <sup>th</sup> AVE.
Suite, Apt. #, etc. # 102	Suite, Apt. #, etc. # 102
City & State Miami, FL	City & State Miami, FL
Zip 33179	Country U.S.A.

01222007 Chg-LLC CR2E083 (12/06)

4. FEJ Number 20-8422712	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRMEELLI, STEWART M TRUSTEE 100 SE 2ND STREET STE 2610 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name: SCHNEUR ZALMAN MAYBERG Street Address (P.O. Box Number is Not Acceptable): 18901 NE 14 <sup>th</sup> AVE # 102 City: Miami FL Zip Code: 33179	

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: Schneur Zalman Mayberg DATE: 2/12/2007

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIRMEELLI, STEWART M TRUSTEE 100 SE 2ND STREET STE 2610 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Schneur Zalman Mayberg 18901 NE 14 <sup>th</sup> AVE. #102 Miami, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Morton Harold Mayberg 4433 N. Bay Rd Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Schneur Zalman Mayberg DATE: 2/12/2007 (786) 543-8825

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