


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JAN 17 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000005812		
1. Entity Name MY BUDDY INVESTMENTS, LLC		

Principal Place of Business 123 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address 123 ALTON ROAD MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # 755 41st Street Suite, Apt. #, etc.	3. Mailing Address 755 41st Street Suite, Apt. #, etc.
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City & State Miami Beach, Florida Zip 33140 Country USA	City & State Miami Beach, Florida Zip 33140 Country USA
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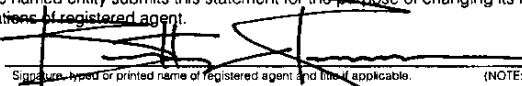


4. FEI Number 20-4133356	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSENBAUM, BETTY 123 ALTON ROAD MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name Rosenbaum International Law Firm, PA Street Address (P.O. Box Number is Not Acceptable) c/o Betty Rosenbaum 755 41st Street City Miami Beach FL Zip Code 33140	
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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 	DATE 1/7/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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	MGR ROSENBAUM, BETTY 123 ALTON ROAD MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Rosenbaum, Betty 755 41st Street Miami Beach, FL 33140 <input checked="" 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	100115337821 01/17/08--01001--013 ***3663.75 <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: 	DATE 1/7/08 Daytime Phone # 305-332-5308