2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008
Secretary of State

DOCUMENT# L06000007191

Entity Name: MAE INVESTMENTS, LLC

Current Principal Place of Business:

1440 79TH ST CSWY
SUITE 209
NORTH BAY VILLAGE, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

1440 79TH ST CSWY
SUITE 209
NORTH BAY VILLAGE, FL 33141 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVERA, EDUARDO
1440 79TH ST CSWY
SUITE 209
NORTH BAY VILLAGE, FL 33141 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:	OLIVERA, EDUARDO	
Address:	1440 79TH ST CSWY, STE 209	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141 US	
Title:	MGRM	( ) Delete
Name:	BABOT, ALBERTO	
Address:	1440 79TH ST CSWY, STE 209	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141 US	
Title:	MGRM	( ) Delete
Name:	BABOT, MARTA	
Address:	1440 79TH ST CSWY, STE 209	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: EDUARDO OLIVERA MGRM 07/16/2008

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