


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90075 001 ****55.00

DOCUMENT # L06000010221

1. Entity Name
PLADIR INVESTMENTS, LLC



Principal Place of Business Mailing Address
18851 NE 29TH AVE., STE 900 **18851 NE 29TH AVE., STE 900**
AVENTURA, FL 33180 **AVENTURA, FL 33180**

2. Principal Place of Business, - No P.O. Box # 3. Mailing Address
3530 MYSTIC POINTE DR **3530 MYSTIC POINTE DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
906 **906**

City & State City & State
AVENTURA, FLORIDA **AVENTURA, FLORIDA**

Zip Country Zip Country
33180 **USA** **33180** **USA**



04222007 Chg-LLC CR2E083 (12/06)


4. FEI Number Applied For
20-4221536 Not Applicable

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

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A ESQ.
ROTH, ROUSSO, KATSMAN & SCHNEIDER, LLP
18851 NE 29TH AVE., STE 900
AVENTURA, FL 33180

7. Name and Address of New Registered Agent
 Name **SIMON CHOCRON**
 Street Address (P.O. Box Number is Not Acceptable)
3530 MYSTIC POINTE DR APT 906
 City **AVENTURA** State **FL** Zip Code **33180**

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:  **SIMON CHOCRON, (MGR)** DATE: **4/26/2007**

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOCRON, SIMON 18851 NE 29TH AVE., STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERDAN, WILLIAM 18851 NE 29TH AVE., STE 900 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMON CHOCRON 3530 MYSTIC POINTE DR 906 AVENTURA, FLORIDA 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **4/26/2007** DAYTIME PHONE #: **(786) 5549977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #