2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000016085

1. Entity Name
ACR & CHILDREN INVESTMENTS, L.L.C.

Principal Place of Business
3651 NW 79 AVE.
MIAMI, FL 33166

Mailing Address
3651 NW 79 AVE.
MIAMI, FL 33166

01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5821365 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

QUESADA, G. FRANK ESQ.
1313 PONCE DE LEON BLVD., STE. 200
CORAL GABLES, FL 33134

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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 _____ 2/8/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAJIGAS, RICARDO
STREET ADDRESS	8030 LOS PINOS CIR.
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	MGRM
NAME	CAJIGAS, ALEIDA
STREET ADDRESS	8030 LOS PINOS CIR.
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	MGRM
NAME	LUACES, LORENZO
STREET ADDRESS	3651 NW 79 AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	ESTEFAN, LILANA
STREET ADDRESS	3651 NW 79 AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000822528
02/20/08-80001-012 138.75

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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: _____ 2/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #