2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90075 002 ***143.75

DOCUMENT # L06000024959

1. Entity Name
FLORIDA COMMONWEALTH INVESTMENTS, LLC.

Principal Place of Business	Mailing Address
66 WEST FLAGLER STREET #1002 MIAMI, FL 33130	66 WEST FLAGLER STREET #1002 MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0137191 Applied For
APPLIED FOR 26-0137191 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZIDEL, MITCHELL J 66 WEST FLAGLER STREET #1002 MIAMI, FL 33130	Name: Luis Alvarez, CPA Street Address (P.O. Box Number is Not Acceptable): 8370 W. Flagler Street City: Miami FL Zip Code: 33144

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 _____
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE GOTI, JOSE J JR.	NAME	
STREET ADDRESS	66 WEST FLAGLER ST., #1002	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, HUMBERTO E SR.	NAME	
STREET ADDRESS	66 WEST FLAGLER ST., #1002	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE GOTI, JORGE L	NAME	
STREET ADDRESS	66 WEST FLAGLER ST., #1002	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	MGM ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ZIDEL, MITCHELL J	NAME	
STREET ADDRESS	66 WEST FLAGLER ST., #1002	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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