

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028994

FILED  
Jul 07, 2007  
Secretary of State

**Entity Name:** GRAND MASTER INVESTMENTS, LLC

**Current Principal Place of Business:**

606 N. 106TH AVENUE  
PLANTATION, FL 33324

**New Principal Place of Business:**

606 N. W. 106TH AVENUE  
PLANTATION, FL 33324

**Current Mailing Address:**

606 N. 106TH AVENUE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAGEN & HAGEN, P.A.  
3531 GRIFFIN ROAD  
FT. LAUDERDALE, FL 33312 US

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: SAIFMAN, DAVID M  
Address: 606 NW 106 AVE  
City-St-Zip: PLANTATION, FL 33324

Title: V.P. ( ) Change (X) Addition  
Name: SAIFMAN, ANDREA S  
Address: 606 NW 106 AVE  
City-St-Zip: PLANTATION, FL 33324

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: ANDREA SAIFMAN

VP

07/07/2007

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