2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2007 8:00 am Secretary of State

			— Secretary of State
DOCUMENT # L06000029650 1. Entity Name HEAVEN KNOWS INVESTMENTS, A FLORIDA LIMITED LIABILITY COMPANY			02-06-2007 90030 024 ****50.00
Principal Place of Business	Mailing Address		
101 SE 6TH AVENUE, SUITE A DELRAY BEACH, FL 33483	101 SE 6TH AVENUE, SI Delray Beach, Fl 334		
4414			I ISERIAN AN ABUND BINN BORN CENN BORN ESINO NO 10 IDRIA BOND BIRN BOND I IN IODA
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01222007 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Agent
JOHN ROSS ADAMS, ESQ.	3	Name	
101 SE 6TH AVENU劇。SUITE A		Street Addre	ess (P.O. Box Number is Not Acceptable)
DELRAY BEACH, FL, 83483			
		City	FL Zip Code
	for the purpose of changing its r	egistered office or reg	istered 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 age	t and title if applicable. (NOTE.	Registered Agent signature rec	quired when reinstating) DATE
Filling Fee is \$50.00 Due by May 1, 2007	nt and title if applicable. (NOTE.	Registered Agent signature red	Make check payable to Florida Department of State
Filing Fee is \$50.00		Registered Agent signature rec	Make check payable to
Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEME TILLE MARM NAME SAMES V. PIGNAT STREFT ADDRESS AND STREFT ADDRESS	DERS/MANAGERS O Delete		Make check payable to Florida Department of State
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11. Thereby certify that the information supplied with this filling 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 OF AUNTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

/1/26/07 /

Daytime Phone #