


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90137 023 ***138.75

DOCUMENT # L06000030300

1. Entity Name
NEXTLINK INVESTMENTS LLC



Principal Place of Business Mailing Address
3414 WEST 84 STREET, SUITE 102 **12169 SW 4 STREET**
HIALEAH, FL 33013 **PEMBROKE PINES, FL 33025**

60005854



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01282008 Chg-LLC CR2E083 (12/06)

City & State City & State

4. FEI Number Applied For
20-4556697 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
DUQUE, JOHN
3414 WEST 84 STREET, SUITE 102
HIALEAH, FL 33013

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *John W Duque* DATE *FEB 1-08*

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

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

TITLE	MGRM <input type="checkbox"/> Delete
NAME	DUQUE, JOHN
STREET ADDRESS	1387 N.W. 165 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGRM <input type="checkbox"/> Delete
NAME	IRFAN, DAR
STREET ADDRESS	1898 N.W. 141 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGRM <input type="checkbox"/> Delete
NAME	DE LOS SANTOS, FRANKLIN
STREET ADDRESS	155651 S.W. 112 WAY
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *John W Duque* Date *FEB 1-08* Daytime Phone # *305 7989241*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE