

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035911

Entity Name: INVESTMENTS E&V, LLC

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD., SUITE 206-8
WESTON, FL 33326

New Principal Place of Business:

1820 N CORPORATE LAKES BLVD., SUITE 207
WESTON, FL 33326

Current Mailing Address:

1820 N CORPORATE LAKES BLVD., SUITE 206-8
WESTON, FL 33326

New Mailing Address:

1820 N CORPORATE LAKES BLVD., SUITE 207
WESTON, FL 33326

FEI Number: 20-4684128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOTALCORP BUSINESS CONSULTANTS
1820 N CORPORATE LAKES BLVD., SUITE
SUITE 206-8
WESTON, FL 33326 US

Name and Address of New Registered Agent:

TOTALCORP BUSINESS CONSULTANTS
1820 N CORPORATE LAKES BLVD.
SUITE 206-8
WESTON, FL 33326 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: CARMEN M. HERNANDEZ

03/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARGENTINA CINZIA SAP, UTI
Address: 1820 N CORPORATE LAKES BLVD., SUITE 206-8
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARGENTINA CINZIA SAP, UTI
Address: 1820 N CORPORATE LAKES BLVD., SUITE 207
City-St-Zip: WESTON, FL 33326

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: ARGENTINA CINZIA SAPUTI

MGRM

03/19/2008

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