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Mar 13, 2007 8:00 am
Secretary of State

01-18-2007 90080 013 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000061263

1. Entity Name
ZUKI INVESTMENTS LLC

300092179

Principal Place of Business	Mailing Address
138 LONG KEY ROAD KEY LARGO, FL 33037	138 LONG KEY ROAD KEY LARGO, FL 33037

01152007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	28911 S. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Homestead FL
Zip / Country	Zip: 33033 Country: U.S.A.

4. FEI Number: 20-5049179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, VIRGILIO V
138 LONG KEY ROAD
KEY LARGO, FL 33037

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 [signature] 1-16-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PEREZ, JEANNINE Y 10802 SW 244 TERRACE PRINCETON, FL 33033 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Virgilio V. Valdes, Mgr. 29395 SW 193 Ct Homestead FL 33030 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PEREZ, VICTOR J 10802 SW 244 TERRACE PRINCETON, FL 33033 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yvette G. Valdes, Mgr. 29395 SW 193 Ct Homestead FL 33030 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 1-16-07 305-747-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #