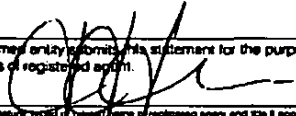


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

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

DOCUMENT # L06000061263			
1. Entity Name ZUKI INVESTMENTS LLC			
Principal Place of Business 138 LONG KEY ROAD KEY LARGO, FL 33037		Mailing Address 138 LONG KEY ROAD KEY LARGO, FL 33037	
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	Country
33033	U.S.A.	33033	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		7. Name and Address of New Registered Agent	
VALDES, VIRGILIO V 138 LONG KEY ROAD KEY LARGO, FL 33037		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 		DATE 1-16-07	
Filing Fee is \$60.00 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 CE 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 CE 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 trustee or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE 1-16-07 747-305-1915	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30092113



01152007 Chg-LLC CR2E083 (12/06)