


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90274 001 \*\*\*\*50.00

**DOCUMENT # L06000080075**

1. Entity Name  
**MASTERLAND INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**260 EAST 10TH STREET**      **260 EAST 10TH STREET**  
**HIALEAH, FL 33010 US**      **HIALEAH, FL 33010 US**

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



02112007    Chg-LLC    CR2E083 (12/06)

4. FEI Number  
**30-0378983**

|                |  |
|----------------|--|
| 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        |          |
| <b>GODOY, LUIS</b><br><b>260 EAST 10TH STREET</b><br><b>HIALEAH, FL 33010</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | 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 \_\_\_\_\_ (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                        | MGRM                    | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         | GODOY, LUIS             |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               | 260 EAST 10TH STREET    |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  | HIALEAH, FL 33010       |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        | MGRM                    | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         | SANCHEZ-BRETON, ANTONIO |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               | 260 EAST 10TH STREET    |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  | HIALEAH, FL 33010       |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                         | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                         |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                         |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                         |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                         | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                         |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                         |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                         |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                         | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                         |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                         |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                         |                                 |  | 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:** Luis Godoy      2/14/07      (786) 2514840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #