FROM : LAZARUS FAX NO. :3052201440 Jul. 14 2008 10:22AM P1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000080075

1. Entity Name
MASTERLAND INVESTMENTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 16 PM 3:08

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

Mailing Address
260 EAST 10TH STREET
HIALEAH, FL 33010 US

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

3. Mailing Address
Suite, Apt. # etc.
City & State
Zip Country

07142008 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
GODOY, LUIS
260 EAST 10TH STREET
HIALEAH, FL 33010

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

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GODOY, LUIS 260 EAST 10TH STREET HIALEAH, FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANCHEZ-BRETON, ANTONIO 260 EAST 10TH STREET HIALEAH, FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500133268505 07/22/08--01012--014 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 7/16/08	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #