


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90104 036 ***138.75

DOCUMENT # L06000089004	
1. Entity Name HEAVENLY INVESTMENTS LLC	

Principal Place of Business 1731 HARBOUR SIDE DR WESTON, FL 33326	Mailing Address 2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308
---	--

50003089



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	13900 S. JOG ROAD # 203-276
City & State	DELRAY BEACH, FL
Zip	33446
Country	USA

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 14-1976309	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent KATZ, ALLEN H 2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent ALLEN H KATZ, P.A. 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446
--	---

New Address

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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, VIOLA 1731 HARBOUR SIDE DR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANDICE, WEBB T 1731 HARBOUR SIDE DRIVE WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Viola Webb</i>	<i>Viola Webb</i>	Date	Daytime Phone #
------------------------------	-------------------	------	-----------------