2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L06000090827

FILED Mar 12, 2007 8:00 am Secretary of State

JUDGE	NVESTME	ENTS, LLC						03-12-2007 90	0480 029	30.00	
Principal Place 14 KIMBERLY RIDGEFIELD,	y Court		Mailing Addr 14 KIMBER RIDGEFIELD				1 ABB4(B3) B10	88112 61111 88111 68111 6			T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business - No P.O. Box #			3. Mailing Ad	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			03032007	Chg-LLC	CR2E	083 (12/06)	
City & State				City & State			4. FEI Numb	5657	73	No	plied For t Applicable
Zip			Zip				5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent					Nam	7. Name and Address of New Registered Agent Name					
JEFFER, HERMAN_ESQ. % JEFFER, CIOFFIJ & CICALESE, P.A. 200 TEQUESTA DRIVE					Stree	Street Address (P.O. Box Number is Not Acceptable)					
TEQUESTA, FL 33469											
8. The above named entity submits this statement for the purpose of changing its register						City FL Zip Code					
the obligati	ions of registe		inclor the purpose of	onanging its re	agisterad ome	e or register	ed agent, or bo	in, in the state of t	TOTICAL TALL	riadilila wati,	and accept
SIGNATURE .	Signature, typed o	r printed name of registered	agent and title if applicable	(NOTE I	Registered Agent si	gnature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State				
9.		MANAGING ME	MBERS/MANAGERS		10.			ADDITIONS	S/CHANGE	s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14 KIMBEI	RANK T III	· · · · · · · · · · · · · · · · · · ·] Delete	NAME STREET ADDRE	SS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP) Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				☐ Change	Addition
TITLE NAME] Delete	title Name					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STREET ADDRE	ss					
1			C] Delete	STREET ADDRE		<u>,</u>			☐ 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.

Frank l'Indias, Manager