

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091906

FILED
Apr 28, 2008
Secretary of State

Entity Name: PEREGRINE PARTNERS INVESTMENTS, LLC

Current Principal Place of Business:

19 NW 5TH STREET
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

508 NW 1ST AVE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

19 NW 5TH STREET
FORT LAUDERDALE, FL 33301

New Mailing Address:

508 NW 1ST AVE
FORT LAUDERDALE, FL 33301

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFBAUER, LUTZ
19 NW 5TH STREET
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

HOFBAUER, LUTZ
508 NW 1ST AVE
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCRAW, P DOUGLAS
Address: 21 NW 5TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: HOFBAUER, LUTZ
Address: 21 NW 5TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCRAW, P DOUGLAS
Address: 508 NW 1ST AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM (X) Change () Addition
Name: HOFBAUER, LUTZ
Address: 508 NW 1ST AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUTZ M HOFBAUER

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date