

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091949

FILED  
May 02, 2007  
Secretary of State

Entity Name: L & F INVESTMENTS GROUP, LLC

**Current Principal Place of Business:**

12413 BISCAYNE BOULEVARD  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12413 BISCAYNE BOULEVARD  
NORTH MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 20-5588595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GOLDEN, RICHARD A ESQ.  
12000 BISCAYNE BOULEVARD  
500  
NORTH MIAMI, FL 33181 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIGER, FERDINAND  
Address: 12413 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGRM ( ) Delete  
Name: FRANCOIS, LIGER  
Address: 12413 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI, FL 33181 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FERDINAND LIGER

MGRM

05/02/2007

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