

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000096791

FILED
Sep 04, 2007
Secretary of State**Entity Name:** C. A. C. INVESTMENT PROPERTIES LLC**Current Principal Place of Business:**2151 CONSULATE DR.
SUITE 7
ORLANDO, FL 32837**New Principal Place of Business:****Current Mailing Address:**2151 CONSULATE DR.
SUITE 7
ORLANDO, FL 32837**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMSTAR INVESTMENT PROPERTIES LLC
13335 WEST COLONIAL DR
WINTER GARDEN, FL 34787 US**Name and Address of New Registered Agent:**

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: CORDOBA, JUAN
Address: 13128 MOSS PARK RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32832 US**Title:** MGRM () Delete
Name: RESTREPO, MONICA
Address: 17522 N.W. 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: CORDOBA, CARLOS
Address: 12948 MOSS PARK RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32832

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: CARLOS CORDOBA

MGMR

09/04/2007

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