

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108733

Entity Name: BEAUTE INVESTMENTS LLC

FILED  
Mar 23, 2008  
Secretary of State

## Current Principal Place of Business:

701 BRICKELL AVENUE  
SUITE 1650  
MIAMI, FL 33131

## Current Mailing Address:

701 BRICKELL AVENUE  
SUITE 1650  
MIAMI, FL 33131

## New Principal Place of Business:

520 WEST AVENUE  
APT 1405  
MIAMI, FL 33139

## New Mailing Address:

520 WEST AVENUE  
APT 1405  
MIAMI, FL 33139

FEI Number: 20-5892213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODBIDGE, FREDERICK JR.  
701 BRICKELL AVENUE  
SUITE 1650  
MIAMI, FL 33131 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: BOITEAU, MURIEL  
Address: 701 BRICKELL AVE. STE 1650  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: BOITEAU, SOPHIE  
Address: 701 BRICKELL AVE. STE 1650  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BOITEAU, MURIEL  
Address: 520 WEST AVENUE, APT 1405  
City-St-Zip: MIAMI, FL 33139

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: MURIEL BOITEAU

MGRM

03/23/2008

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