2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000111964

1. Entity Name
LSI INVESTMENT, LLC

Principal Place of Business	Mailing Address
8545 NORTHWEST 29TH STREET DORAL, FL 33122	8545 NORTHWEST 29TH STREET DORAL, FL 33122

DO NOT WRITE IN THIS SPACE

04162008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5899494
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S
7301 SW 57 COURT, STE. 560
SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000905460
05/01/08-80055-001 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PEREZ, JUAN F TRUSTEE
STREET ADDRESS	8545 NORTHWEST 29TH STREET
CITY-ST-ZIP	DORAL, FL 33122
TITLE	MGR
NAME	PEREZ, MARIA E TRUSTEE
STREET ADDRESS	8545 NORTHWEST 29TH STREET
CITY-ST-ZIP	DORAL, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: M. Perez 4-17-08 (305) 471-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #