

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020817

Entity Name: LR CAPITAL INVESTMENTS, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVE
1011
AVENTURA, FL 33180

New Principal Place of Business:

2800 W STATE RD 84
SUITE 118
FORT LAUDERDALE, FL 33312

Current Mailing Address:

18851 NE 29TH AVE
1011
AVENTURA, FL 33180

New Mailing Address:

2800 W STATE RD 84
SUITE 118
FORT LAUDERDALE, FL 33312

FEI Number: 20-8638531 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:

RAMOS, MARCELO M
18851 NE 29TH AVE
1011
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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: BRENO R GOMES

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAMOS, MARCELO M
Address: 18851 NE 29TH AVE SUITE 1011
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMOS, MARCELO M
Address: 2800 W STATE RD 84 SUITE 118
City-St-Zip: FORT LAUDERDALE, FL 33312

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: MARCELO M RAMOS

MGR

05/01/2008

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