

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039172

Entity Name: BS INVESTMENTS, LLC.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

9218 87TH SOUTH PLACE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

9218 87TH SOUTH PLACE
BOYNTON BEACH, FL 33472

Current Mailing Address:

941 TROPIC BLVD
DELRAY BEACH, FL 33483

New Mailing Address:

9218 87TH SOUTH PLACE
BOYNTON BEACH, FL 33472

FEI Number: 20-8824619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIAN, FISCHER
941 TROPIC BLVD
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

BRIAN, FISCHER
9218 87TH PLACE SOUTH
BOYNTON BEACH, FL 33472 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: BRIAN FISCHER

02/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BRIAN, FISCHER
Address: 941 TROPIC BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: STUART, FISCHER
Address: 11353 MANATEE TERRACE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BRIAN, FISCHER
Address: 1730 S. FEDERAL HIGHWAY, #397
City-St-Zip: DELRAY BEACH, FL 33483

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: BRIAN FISCHER

P

02/19/2009

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