2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90021 007 ***138.75

DOCUMENT # L07000047669

1. Entity Name
5D INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2250 NW 136TH AVENUE PEMBROKE PINES, FL 33028	2250 NW 136TH AVENUE PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8300 NW 53 ST		8300 NW 53 ST	
Suite, Apt. #, etc.: Ste. 350		Suite, Apt. #, etc.: Ste. 350	
City & State: Donai, FL		City & State: Doral, FL	
Zip: 33166	Country: USA	Zip: 33166	Country: USA

04292008 · Chg-LLC — CR2E083 (12/06)

4. FEI Number: 20-8977584 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOVAR, ILENAN ARIAS ESQ.
2250 NW 136TH AVENUE
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DONADI, DOMENICO 2250 NW 136TH AVENUE PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8300 NW 53 ST. Ste 350 Donai, FL 33166	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DONADI, GABRIEL 2250 NW 136TH AVENUE PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8300 NW 53 ST. Ste. 350 Donai, FL 33166	☑ Change ☐ Addition
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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: Gabriel Donadi 04/26/08 305-458-4737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #