

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90015 034 \*\*\*138.75

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| <b>DOCUMENT # L07000054294</b><br>1. Entity Name<br><b>ACQUISITIONS GROUP, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                 |                                                              |                                                                                                                                      |  |  |
| Principal Place of Business<br><b>1401 PONCE DE LEON BLVD. SUITE 200<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                                              | Mailing Address<br><b>1401 PONCE DE LEON BLVD. SUITE 200<br/>CORAL GABLES, FL 33134</b>                                              |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                 | 3. Mailing Address                                           |                                                                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 | Suite, Apt. #, etc.                                          |                                                                                                                                      |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                 | City & State                                                 |                                                                                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                                                         | Zip                                                          | Country                                                                                                                              | 06192008    Chg-LLC    CR2E083 (12/06)                                            |  |
| 4. FEI Number<br><b>32-030 4587</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                                              |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |                                                              |                                                                                                                                      | <b>\$5.00</b> Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LAW OFFICES OF CARRILLO &amp; CARRILLO, P.A.<br/>1401 PONCE DE LEON BLVD.<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                 |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |                                                              |                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$538.75<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                 | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                      |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MANAGER</b> <input type="checkbox"/> Delete<br><b>Sigma Capital Partners, LLC</b><br><b>1401 Ponce de Leon Blvd Ste 200</b><br><b>Coral Gables, FL 33134</b> |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Manager</b> <input type="checkbox"/> Delete<br><b>CLM Investments, LLC</b><br><b>8550 W. Flagler St., Ste 116</b><br><b>Miami, FL 33144</b>                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                 |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                 |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                 |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                 |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |                                                                                                                                                                 |                                                              |                                                                                                                                      |                                                                                   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                 |                                                              | Date <b>6/20/08</b> Daytime Phone # <b>305-460-6001</b>                                                                              |                                                                                   |  |

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008** 4/25/2008-90015-034-\$138.75-\$138.75

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| <b>DOCUMENT # L07000054294</b><br>1. Entity Name<br><b>ACQUISITIONS GROUP, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                           |                              |                                                                                                                                        |      | ATTACHMENT     |             |
| Principal Place of Business<br><b>1401 PONCE DE LEON BLVD. SUITE 200<br/>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                           |                              | Mailing Address<br><b>1401 PONCE DE LEON BLVD. SUITE 200<br/>CORAL GABLES FL 33134</b>                                                 |      |                |             |
| 2. Principal Place of Business - NA P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                           |                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                              |      |                |             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                           |                              | City & State                                                                                                                           |      |                |             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    | Country                                   |                              | Zip                                                                                                                                    |      | Country        |             |
| 4. FEI Number<br><b>32-0204587</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                           |                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                 |      |                |             |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                           |                              | 1st MOORE CR2E083 (10/07)                                                                                                              |      |                |             |
| 6. Name and Address of Current Registered Agent<br><br><b>LAW OFFICES OF CARRILLO &amp; CARRILLO, P.A.<br/>1401 PONCE DE LEON BLVD.<br/>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                        |                                    |                                           |                              | 7. Name and Address of New Registered Agent<br>Name:<br>Street Address (P.O. Box Number is Not Acceptable)<br>City: <b>FL</b> Zip Code |      |                |             |
| B. The above named entity certifies the 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                           |                              |                                                                                                                                        |      |                |             |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                         |                                    |                                           |                              |                                                                                                                                        |      |                |             |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                           |                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                           |      |                |             |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                               | STREET ADDRESS                            | CITY-ST-ZIP                  | TITLE                                                                                                                                  | NAME | STREET ADDRESS | CITY-ST-ZIP |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>SIGNA Capital Partners, LLC</b> | <b>1401 Ponce de Leon Blvd, Suite 200</b> | <b>Coral Gables FL 33134</b> |                                                                                                                                        |      |                |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CLH Investments, LLC</b>        | <b>8550 W. Flagler St, Suite 116</b>      | <b>Miami FL 33144</b>        |                                                                                                                                        |      |                |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                           |                              |                                                                                                                                        |      |                |             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                           |                              |                                                                                                                                        |      |                |             |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes. |                                    |                                           |                              |                                                                                                                                        |      |                |             |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                           |                              | 4/11/08 305-460-600/                                                                                                                   |      |                |             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                           |                              |                                                                                                                                        |      |                |             |