

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000069965</b> 1. Entity Name <b>LAS VINAS INVESTMENTS, LLC</b>	
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FILED  
08 SEP 17 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3935 EAST 4TH AVENUE HIALEAH, FL 33013 US</b>	Mailing Address <b>3935 EAST 4TH AVENUE HIALEAH, FL 33013 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09082008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0505444</b>	Applied For <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**

**JORGE H. RAMOS, P.A.  
150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	<input type="checkbox"/> Delete
NAME	MGRM NIETO, JULIO	
STREET ADDRESS	3935 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33013	
NAME	MGRM HERNANDEZ, NIORGE	
STREET ADDRESS	3935 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33013	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200135802512  
09/12/08--01049--001 \*\*150.00

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: *[Signature]* 9/8/2008 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #