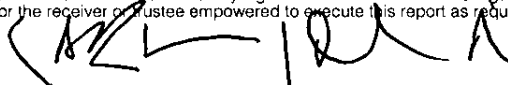


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -4 PM 12:56

DOCUMENT # L07000076604 1. Entity Name INVESTMENTS BV, LLC					
Principal Place of Business C/O 3750 N.W. 87TH AVENUE, SUITE 100 DORAL, FL 33178			Mailing Address C/O 3750 N.W. 87TH AVENUE, SUITE 100 DORAL, FL 33178		
2. Principal Place of Business - No P.O. Box # 150 SE 2ND AVENUE		3. Mailing Address 150 SE 2ND AVENUE			
Suite, Apt. #, etc. 807		Suite, Apt. #, etc. 807			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 26-0727406	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ-VALLE, MARIA ESQ 3750 N.W. 87TH AVENUE, SUITE 100 DORAL, FL 33178				7. Name and Address of New Registered Agent Name ELIU DRESZER Street Address (P.O. Box Number is Not Acceptable) 19500 Turnberry Way Apt 11d City AVENTURA FL Zip Code 33180	
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 _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MFM DEVELOPMENT, LLC 150 S.E. 2ND AVENUE, SUITE 807 MIAMI, FL 33131 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
<input type="checkbox"/> Change <input type="checkbox"/> Addition 2008137526942 10/31/08--01023--019 **50.00					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.					
SIGNATURE: 				10/24/2008 (305) 329-2931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	