FILED Mar 03, 2008 8:00 am Secretary of State

108 LIMITED LIABILITY COMPAN'	ľ
ANNUAL REPORT	

DOCUMENT # L070000823 1. Entity Name MORAES FAMILY INVESTMENTS, L				03-03-	2008 90403	012 ***13	38.75			
Principal Place of Business 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434	Mailing Address 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434			6001203		1 389 (128) 3 (111 3 (211	16 1 113 1 63 1			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02192008 Chg-LLC	CR2E	083 (12/06)				
City & State	City & State			4. FEI Number			plied For t Applicable			
Zip Country	Zip	Country			5. Certificate of Status Desired					
6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name							
JAMISON, DAVID W JR. 7777 GLADES ROAD, SUITE 300			Claude L. Moraes Street Address (P.O. Box Number is Not Acceptable)							
BOCA RATON, FL 33434			1	082	6 Pine Bark Lar	e				
			City E	3oca	Raton	FL	Zip Code 33428	3		
The above named entity submits this statement for the obligations of registered agent.	_				ed agent, or both, in the State	of Florida. I am				
SIGNATURE Signature, typed or printed name of registered agent a	CLAUPE (nd little if applicable. (NOTI	L. M.	ORAES 1 Agent signature	e required	when reinstating)	DATE	2-21	08		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			*	Make check i orida Departn	nent of State					
9. MANAGING MEMBER	RS/MANAGERS	10.	·	Mana	ADDITI ager	ONS/CHANGES	S Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	NA NA			Clar 108	ude L. Moraes 26 Pine Bark La a Raton, FL 33	ne 428	_ ,	_		
TITLE NAME	☐ Delete	Delete TITLE			· · · · · · · · · · · · · · · · · · ·	• •	☐ Change	Addition		
STREET ADDRESS CITY-S1-ZIP		STREE	ET ADDRESS ST-ZIP							
TITLE NAME	☐ Delete						Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP							
TITLE NAME	☐ Delete	, TITLE NAMÉ					☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP		STREI	ET ADDRESS -S1-ZIP							
TITLE NAME	☐ Delete	TITLE					☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP		STREE	ET ADDRESS -ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						Change	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. 56/- 487-1052										
SIGNATURE: SIGNATURE ON TYPED OR PRINTED NAME OF			EL.			<u> </u>	Daytime Phone	ا ا		