

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90159 001 *3,191.25

DOCUMENT # L07000099737
 1. Entity Name
 LOMA INVESTMENTS, LLC



Principal Place of Business Mailing Address
 2655 LEJEUNE ROAD, SUITE 507 2655 LEJEUNE ROAD, SUITE 507
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

30005547



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

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 39-2064115 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE, FL 33311-4132

Name Juan Vicente Urdaneta
 Street Address (P.O. Box Number is Not Accepted) 2655 Lejeune Road, Suite 507
 City Coral Gables FL Zip Code 33134

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]* (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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	OBERTO, LUIS A		
	2655 LEJEUNE ROAD, SUITE 507		
	CORAL GABLES, FL 33134		

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]* ATTORNEY IN FACT 4/22/08 305-7281119
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #