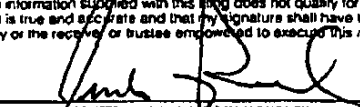


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

08-13-2008 90028 013 ***138.75

DOCUMENT # L07000101651			
1. Entity Name N2 INVESTIGATIONS L.L.C.			
		Mailing Address 5105 SW 93 AVE COOPER CITY, FL 33328	
2. Principal Place of Business - No P.O. Box # 4948 SW 91 AVE		3. Mailing Address 4948 SW 91 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COOPER CITY		City & State COOPER CITY	
Zip 33328		Zip 33328	
Country		Country	
4. FEI Number 562607253		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		07182008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROXBY, JAMES L 5105 SW 93 AVE COOPER CITY, FL 33328 4948 SW 91 AVE COOPER CITY, FL 33328		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 		DATE 6/18/08	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Delete	MGR ROXBY, JAMES L 5105 SW 93 AVE COOPER CITY, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition	MGR JAMES ROXBY 4948 SW 91 AVE. COOPER CITY FL 33328 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this form 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: 		DATE 6/18/08 DAYTIME PHONE # 954 306 6966	