

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039791

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MAUNA LOA INVESTMENTS LLC

**Current Principal Place of Business:**

15025 NW 77 AVE  
SUITE 124  
MIAMI, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15025 NW 77 AVE  
SUITE 124  
MIAMI, FL 33014

**New Mailing Address:**

FEI Number: 26-2445130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GIL, MAWANPHY  
15025 NW 77 AVE  
SUITE 124  
MIAMI, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GIL, MAWANPHY  
Address: 15025 NW 77 AVE SUITE 124  
City-St-Zip: MIAMI, FL 33014

Title: MGRM ( ) Delete  
Name: GIL, MARIA ELENA  
Address: 15025 NW 77 AVE SUITE 124  
City-St-Zip: MIAMI, FL 33014

Title: MGRM ( ) Delete  
Name: GIL, MARIA DEL ROSA  
Address: 150254 NW 77 AVE SUITE 124  
City-St-Zip: MIAMI, FL 33014

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAWAPHY GIL

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date