

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062349

FILED
Mar 22, 2009
Secretary of State

Entity Name: ABDELDAYEM INVESTMENTS LLC

Current Principal Place of Business:

6643 NW 2 AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

6643 NW 2 AVENUE
MIAMI, FL 33150

New Mailing Address:

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

Name and Address of Current Registered Agent:

ABDELDAYEM, AHMAD
6643 NW 2 AVENUE
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

ABDELDAYEM, AHMED
6643 NW 2 AVENUE
MIAMI, FL 33150 US

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: AHMED ABDELDAYEM

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABDELDAYEM, AHMAD
Address: 6643 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33150

Title: MGR () Delete
Name: ABDELDAYEM, ABRAHAM
Address: 6643 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33150

Title: MGR (X) Delete
Name: ABDELDAYEM, MOHAMMAD
Address: 6643 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ABDELDAYEM, AHMED
Address: 6643 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33150

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: AHMED ABDELDAYEM

P

03/22/2009

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