

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068921

FILED
Feb 19, 2009
Secretary of State

Entity Name: BLACK MONEY INVESTMENTS, LLC

Current Principal Place of Business:

4200 SW 19TH STREET
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

4200 SW 19TH STREET
WEST PARK, FL 33023

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILCOX, CARL
8240 NW 45TH STREET
LAUDERHILL, FL 33351 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: MGRM () Delete
Name: LAING, DONOVAN
Address: 4200 SW 19TH STREET
City-St-Zip: WEST PARK, FL 33023

Title: MGRM () Delete
Name: WINGARD, STEPHEN
Address: 20443 NW 15TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MGRM () Delete
Name: SMITH, SAMUEL JR
Address: 12410 NW 21ST COURT
City-St-Zip: MIAMI, FL 33167

Title: MGRM () Delete
Name: JUNIOR, LEWATHA
Address: 4750 NW 8TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: MGRM () Delete
Name: SMITH, DYRON
Address: 1340 NW 110 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: MGRM () Delete
Name: WILCOX, CARL
Address: 8240 NW 45TH STREET
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: DONOVAN LAING

MGRM

02/19/2009

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