

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001295

FILED
Mar 16, 2007
Secretary of State

Entity Name: REMARK INVESTMENTS, L.C.

Current Principal Place of Business:

660 9TH STREET NORTH
SUITE 25
NAPLES, FL 34102

New Principal Place of Business:

New Mailing Address:

660 9TH STREET NORTH
SUITE 25
NAPLES, FL 34102

Current Mailing Address:

173 9TH AVE., S.
NAPLES, FL 34102

FEI Number: 59-3426358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, BEAT
173 9TH AVE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KRAMER, BEAT
660 9TH STREET NORTH
SUITE 25
NAPLES, FL 34102 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:

03/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRAMER, CLAUDIA G
Address: 173 9TH AVE., S.
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: KRAMER, BEAT M
Address: 173 9TH AVE., S.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRAMER, CLAUDIA G
Address: 660 9TH STREET NORTH, SUITE 25
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition
Name: KRAMER, BEAT M
Address: 660 9TH STREET NORTH, SUITE 25
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA GUJA KRAMER

PRE

03/16/2007

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