

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90044 032 \*\*\*\*50.00

**DOCUMENT # L99000004637**

1. Entity Name  
INVESTCH HOLDINGS, L.L.C.



Principal Place of Business  
450 EAST LAS OLAS BLVD., SUITE 1500  
FORT LAUDERDALE, FL 33301

Mailing Address  
450 EAST LAS OLAS BLVD., SUITE 1500  
FORT LAUDERDALE, FL 33301

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0953282

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME HUIZENG HOLDINGS, INC.  
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_

Cris V. Branden

4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # \_\_\_\_\_