
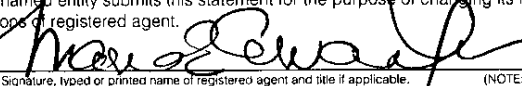
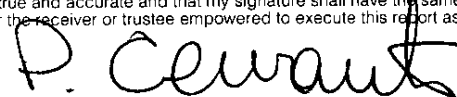


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90050 018 ***138.75

DOCUMENT # L99000004742					
1. Entity Name ROYAL EARL INVESTMENTS, L.L.C.					
Principal Place of Business 4850 SW 72ND AVENUE MIAMI, FL 33155			Mailing Address 4850 SW 72ND AVENUE MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 9840 SW 77th Ave.		3. Mailing Address 9840 SW 77th Ave.			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State Miami, FL		City & State Miami, FL			
Zip 33150		Country USA		Zip 33150	
Country USA		Country USA			
4. FEI Number 65-0939518					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CERVANTES, MARIA EUGENIA 4850 SW 72ND AVENUE MIAMI, FL 33155					
7. Name and Address of New Registered Agent Name: CERVANTES, MARIA EUGENIA Street Address (P.O. Box Number is Not Acceptable): 9840 SW 77th Ave Suite: 301 City: Miami FL Zip Code: 33150					
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
'FILE NOW!!! FEE IS \$138.75' After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CERVANTES, PATRICIO 4850 SW 72 AVENUE MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cervantes, Patricio 9840 SW 77th Ave., #301 Miami, FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	