


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000005636</b> * Entity Name <b>SYATT INVESTMENTS, LLC</b>	
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Principal Place of Business  
**6448 KENSINGTON AVE.  
RICHMOND, CA 94805**

Mailing Address  
**6448 KENSINGTON AVE.  
RICHMOND, CA 94805**



01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3319813</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**DIBENEDETTO, LAURA J  
1067 NORMANDY TRACE RD  
TAMPA, FL 33602**

**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 re-registering)

**4.14.06**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000516309  
04/29/06-80244-015 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROQUE, ANDREA 6448 KENSINGTON AVE. RICHMOND, CA 94805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROQUE, JARON 6448 KENSINGTON AVE. RICHMOND, CA 94805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROQUE, RONALDO 6448 KENSINGTON AVE. RICHMOND, CA 94805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**4.14.06**  
Date

**510 851 0587**  
Daytime Phone #