


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003313
 1. Entity Name
LOBELLO-FESSLER INVESTMENTS, L.L.C.



Principal Place of Business 620 N.W. 35TH STREET BOCA RATON, FL 33431	Mailing Address 620 N.W. 35TH STREET BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01232004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1006198	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 LOBELLO, PETER
 620 N.W. 35TH ST.
 BOCA RATON, FL 33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

U00000030858
 02/04/04-80127-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOBELLO, PETER 620 N.W. 35TH STREET BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FESSLER, ROBERT G 620 N.W. 35TH STREET BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peter Lobello* **1/27/04** **561-417-4537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #