


**2005 LIMITED LIABILITY COMPANY - ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000003016**

1. Entity Name  
 1616 INVESTMENT, LLC



Principal Place of Business 2271 W. 77 ST. HIALEAH, FL 33016	Mailing Address 2271 W. 77 ST. HIALEAH, FL 33016
--	--

**DO NOT WRITE IN THIS SPACE**



02212005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-1082844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEJANDRO LEON, JOSE  
 2271 W. 77TH ST.  
 HIALEAH, FL 33016

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEON, A 358 SW 163 AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ROVIS, GIULIANO 10977 GOLDEN EASLE CT PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000261940  
 03/14/05-80031-018 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  Alejandro Leon      03/08/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #