

FILED


03 APR 16 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0100003016

1. Entity Name
1616 INVESTMENT, LLC



Principal Place of Business
341 NW 151 AVE.
PEMBROKE PINES, FL 33028

Mailing Address
341 NW 151 AVE.
PEMBROKE PINES, FL- 33028

300016104029
04/16/03--01030--012 **50.00

2. Principal Place of Business
2271 W. 77 ST
Suite, Apt. #, etc.

3. Mailing Address
2271 W. 77 ST
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33016

Country

Zip
33016

Country

4. FEI Number
65-1082844

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEJANDRO LEON, JOSE
341 NW 151 AVE.
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2271 W. 77 ST

City Hialeah FL Zip Code 33016

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 date if applicable (NOTE: Registered Agent's signature required when submitting)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEON, A		NAME	
STREET ADDRESS 341 NW 151 AVE		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33028		CITY-ST-ZIP	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROVIS, GIULIANO		NAME	
STREET ADDRESS 10977 GOLDEN EASLE CT		STREET ADDRESS	
CITY-ST-ZIP PLANTATION, FL 33324		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information provided 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 606, Florida Statutes.

SIGNATURE: Alejandro Leon A. LEON 04/09/03 305 5580995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E063 (10/02)