


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90436 033 ****50.00

DOCUMENT # L01000008015 1. Entity Name MADEIRA INVESTMENTS, LLC	
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Principal Place of Business 9610 SW 8TH STREET MIAMI FL 33174	Mailing Address 9610 SW 8TH STREET MIAMI FL 33174
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-1106240	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent PIERS, HECTOR J 9610 S.W. 8TH STREET MIAMI FL 33174	7. Name and Address of New Registered Agent Name Silverio Pereira Street Address (P.O. Box Number is Not Acceptable) 9610 SW 8th St City Miami FL Zip Code 33174
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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 _____

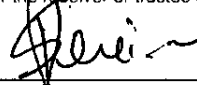
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/>
NAME	GOUVEIA, ANTONIO	
STREET ADDRESS	9610 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	MGR	<input checked="" type="checkbox"/>
NAME	JOSE PIRES, HECTOR	
STREET ADDRESS	9610 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	MGR	<input type="checkbox"/>
NAME	NUNES, MANUEL	
STREET ADDRESS	9610 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	MGR	<input type="checkbox"/>
NAME	PEREIRA, SILVERIO	
STREET ADDRESS	9610 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: **3/8/04** (205) 226-3500

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