


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004, 08:00 AM
Secretary of State

DOCUMENT # L01000008604 1. Entity Name FACILITY INVESTMENTS, LLC	
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Principal Place of Business 999 PONCE DE LEON BLVD. #950 CORAL GABLES, FL 33134	Mailing Address 999 PONCE DE LEON BLVD. #950 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01082004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1111289	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

GREENBERG, PATRICIA E
999 PONCE DE LEON BLVD. #950
CORAL GABLES, FL 33134

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENBERG, PATRICIA 999 PONCE DE LEON BLVD. #950 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOUN, O.B. 999 PONCE DE LEON BLVD. #950 MIAMI, FL 33134
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02/09/04-80105-017 50.00

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: Patricia Greenberg 2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #