


**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



01082004 No 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 #