



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90069 027 ****50.00

DOCUMENT # L01000016569 1. Entity Name JEANNIE HOMES INVESTMENTS, LLC					
Principal Place of Business 1760 W 41 ST #B HIALEAH, FL 33012			Mailing Address 1760 W 41 ST #B HIALEAH, FL 33012		
2. Principal Place of Business 3450 WEST 84 STREET Suite, Apt. #, etc. SUITE 201		3. Mailing Address 3450 WEST 84 STREET Suite, Apt. #, etc. SUITE 201			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA		04222004 Chg-LLC CR2E083 (10/03)	
Zip 33018	Country USA	Zip 33018	Country USA	4. FEI Number 45-0501941	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAVERAN, NELSON 1760 W 41 ST #B HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name NELSON GRAVERAN Street Address (P.O. Box Number is Not Acceptable) 3450 WEST 84 STREET SUITE 201 City HIALEAH FL Zip Code 33018	
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 <i>[Signature]</i> MANAGER DATE 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, NELSON 1760 W 41 ST #B HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, NELSON 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, I. CRISTINA 1760 W 41ST UNIT B HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, I. CRISTINA 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, JEANNIE M 1760 W 41ST ST #8 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, JEANNIE 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, JEANNIE M 1760 W 41ST ST #8 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, JEANNIE 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> MANAGER DATE 4/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					