


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000005782**

1. Entity Name  
**PROLAMEG INVESTMENTS, LLC**



Principal Place of Business C/O GRANT W. KEHRES, P.A. 2000 GLADES RD., STE. 302 BOCA RATON, FL 33431	Mailing Address C/O GRANT W. KEHRES, P.A. 2000 GLADES RD., STE. 302 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



05282004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 42-1578379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KEHRES, GRANT W  
 2000 GLADES RD., STE. 302  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 8, 2004**

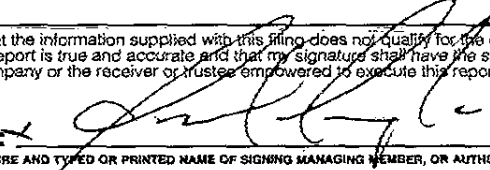
U00000162991  
 07/01/04-80002-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMEGLIO, JORGE 541 GOLDEN HARBOUR DR. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PROLL, GERARDO CALLE 74, SAN FRANCISCO CASA #6 PANAMA CITY, PANAMA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Jun 1 04**      Daytime Phone #: **561-3383784**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE