

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90021 021 \*\*\*\*50.00

<b>DOCUMENT # L02000017300</b> 1. Entity Name PAPILLON INVESTMENTS, L.L.C.					
Principal Place of Business 3055 NE 208 STREET AVENTURA, FL 33180				Mailing Address 3055 NE 208 STREET AVENTURA, FL 33180	
2. Principal Place of Business 1981 NE 196 TERRACE		3. Mailing Address 1981 NE 196 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI FLORIDA		4. FEI Number NOT APPLICABLE	
Zip 33179		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  STEAD, RICHARD 3035 NE 208 STREET AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name <u>STEAD, RICHARD</u> Street Address (P.O. Box Number is Not Acceptable) <u>1981 NE 196 TERRACE</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33179</u>		
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 <u>T. T. TOLL</u> (NOTE: Registered Agent signature required when reappointing) DATE <u>4/8/2005</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEAD, RICHARD 3035 NE 208 STREET AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEAD, RICHARD 1981 NE 196 TERRACE MIAMI, FLORIDA 33179
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEAD, ANA 3035 NE 208 STREET AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEAD, ANA 1981 NE 196 TERRACE MIAMI, FLORIDA 33179
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> <u>T. T. TOLL</u> <u>RICHARD STEAD</u> <u>4/8/05</u> <u>305 937-0427</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					