## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Mar 09, 2005 08:00 AM **DOCUMENT # L03000013359 Secretary of State** 11970 TUTTLE BLVD INVESTMENT, LL.C. Mailing Address Principal Place of Business 10000 BROAD CHANNEL DR PO BOX 972704 MIAMI, FL 33197 MIAMI, FL 33157 03052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0467043 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PRACHER, DOUGLAS 317 N. KROME AVENUE HOMESTEAD, FL 33030 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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 1,00000256897 MANAGING MEMBERS/MANAGERS MGR TITLE WELLS, STEPHANIE L NAME 10000 BROAD CHANNEL DR STREET ADDRESS CITY-ST-ZP MIAMI, FL 33157 ππε NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

305~ SIGNATURE: Stephanie & Wells STEPHANIE LIWELLS 3/5/05 232-7189 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE