


FILED
Apr 30, 2005 08:00 AM
Secretary of State

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000054148 1. Entity Name 3 GUYS R/E INVESTMENTS, L.L.C.	
---	---

Principal Place of Business 10983 N.W. 18TH PLACE PLANTATION, FL 33322	Mailing Address 10983 N.W. 18TH PLACE PLANTATION, FL 33322
---	---

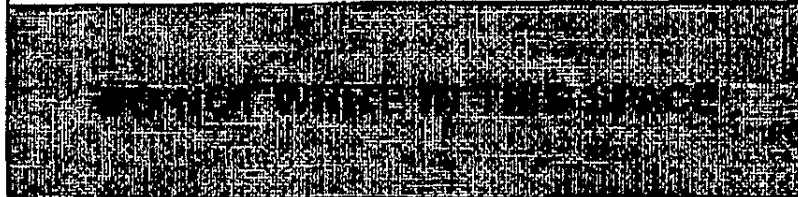
U00000350127
05/02/05-80082-010 50.00



04272005No Chg-LLC CR2E083 (10/03)

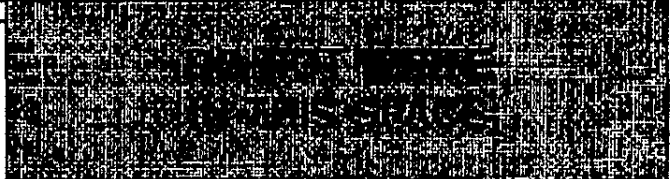
4. FEI Number 65-1215760	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--



6. Name and Address of Current Registered Agent

**PEREIRA, ERIC
10983 N.W. 18TH PLACE
PLANTATION, FL 33322**



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.

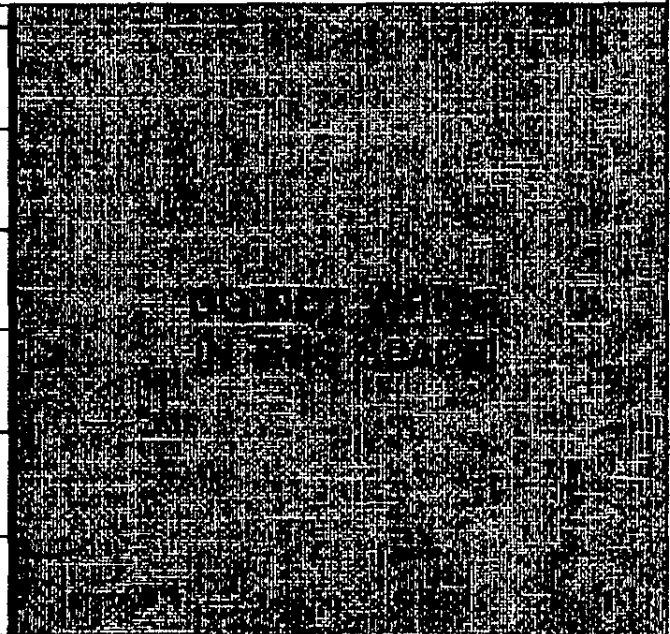
SIGNATURE:  _____ DATE:  _____

(NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEREIRA, ERIC
STREET ADDRESS	10983 N.W. 18TH PLACE
CITY- ST- ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	PEREIRA, LEONARD
STREET ADDRESS	1361 NW 88TH AVE.
CITY- ST- ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	DAVIS, SCOTT
STREET ADDRESS	2641 W. ABIACA CIRCLE
CITY- ST- ZIP	DAVIE, FL 33328
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 806, Florida Statutes.

SIGNATURE:  _____ DATE: **4/27/05** _____

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