


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90088 030 \*\*\*\*55.00

**DOCUMENT # L04000034504**

1. Entity Name  
**COOME INVESTMENTS, L.L.C.**



Principal Place of Business  
**2121 PONCE DE LEON BLVD., STE. 240  
 CORAL GABLES, FL 33134**


Mailing Address  
**2121 PONCE DE LEON BLVD., STE. 240  
 CORAL GABLES, FL 33134**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**41-2138648**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PRATS, GABRIEL**  
**2121 PONCE DE LEON BLVD., STE. 240**  
**CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERMAN, IVAN 2121 PONCE DE LEON BLVD., STE. 240 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARANA, ALFREDO 2121 PONCE DE LEON BLVD., STE. 240 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILA, ORLANDO 2121 PONCE DE LEON BLVD., STE. 240 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

**SIGNATURE:**  **Ivan Sherman** **4/26/05 305-444-9333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #