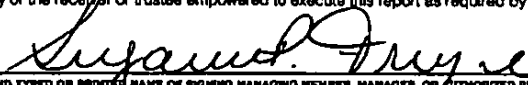


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-24-2005 90105 020 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000041169			
1. Entity Name SUFRE INVESTMENTS LLC			
Principal Place of Business 605 OCEAN DRIVE APT 2M KEY BISCAYNE, FL 33156		Mailing Address 605 OCEAN DRIVE APT 2M KEY BISCAYNE, FL 33156	
2. Principal Place of Business 607 OCEAN DRIVE Suite, Apt. #, etc. APT. 5K		3. Mailing Address 607 OCEAN DRIVE Suite, Apt. #, etc. APT. 5K	
City & State KEY BISCAYNE, FL		City & State KEY BISCAYNE, FL	
Zip 33149-2319		Zip 33149-2319	
Country USA		Country USA	
4. FEI Number 59-2354705		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SANCHEZ, FRED J JR 8340 SW 91 STREET MIAMI, FL 33156		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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR ERNESTO FREYRE & SUZANNE P REVOCABLE TRUST 605 OCEAN DRIVE APT 2M KEY BISCAYNE, FL 33149		MGR. ERNESTO FREYRE & SUZANNE P. REVOCABLE TRUST 607 OCEAN DRIVE APT 5K KEY BISCAYNE, FL 33149-2319	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR SANCHEZ, FRED J JR 8340 SW 91 STREET MIAMI, FL 33156			
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	
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	
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: 		2-17-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
SUZANNE P. FREYRE			

30001786

