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

30001786

Principal Place of Business	Mailing Address
605 OCEAN DRIVE APT 2M KEY BISCAYNE, FL 33156	605 OCEAN DRIVE APT 2M KEY BISCAYNE, FL 33156

02112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
607 OCEAN DRIVE		607 OCEAN DRIVE	
Suite, Apt. #, etc.: APT. 5K		Suite, Apt. #, etc.: APT. 5K	
City & State: KEY BISCAYNE, FL		City & State: KEY BISCAYNE, FL	
Zip: 33149-2319	Country: USA	Zip: 33149-2319	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	7. Name and Address of New Registered Agent
SANCHEZ, FRED J JR 8340 SW 91 STREET MIAMI, FL 33156	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 ______________________________
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

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR.	☒ Change ☐ Addition
NAME	ERNESTO FREYRE & SUZANNE P REVOCABLE TRUST		NAME	ERNESTO FREYRE & SUZANNE P. REVOCABLE TRUST	
STREET ADDRESS	605 OCEAN DRIVE APT 2M		STREET ADDRESS	607 OCEAN DRIVE, APT. 5K	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FL 33149-2319	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, FRED J JR		NAME		
STREET ADDRESS	8340 SW 91 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Suzanne P. Freyre 2-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SUZANNE P. FREYRE