

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073578

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: NENECA INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

2600 N.W. 87TH AVENUE, SUITE #32  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N.W. 87TH AVENUE, SUITE #32  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JARAMILLO, SILVIA E  
2600 N.W. 87TH AVENUE, SUITE #32  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: JVILLARREAL, ANA E  
Address: 2600 N.W. 87TH AVENUE, SUITE #32  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: JARAMILLO, SILVIA E  
Address: 2600 N.W. 87TH AVENUE, SUITE #32  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SILVIA JARAMILLO                      MGRM                      04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date