


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000116593	
1. Entity Name INVEMAPE, L.L.C.	

Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE # 315 WESTON, FL 33326 US	Mailing Address 1625 N. COMMERCE PARKWAY SUITE # 315 WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8029650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JOSE C
 1820 NORTH CORPORATE LAKES BLVD
 SUITE # 105
 WESTON, FL 33326

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ-LIMA, MARIA D 1625 N. COMMERCE PARKWAY, SUITE # 315 WESTON, FL 33326
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UD00000944134
05/29/08-800688-010 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Maciel Ang Just* Date: *4/28/08*

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