


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90022 004 ****50.00

DOCUMENT # L03000007479	
1. Entity Name 576 INVESTMENT, LLC	

Principal Place of Business 3121 COMMODORE PLAZA, SUITE 301 MIAMI, FL 33133	Mailing Address 3121 COMMODORE PLAZA, SUITE 301 MIAMI, FL 33133
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24004124



2. Principal Place of Business 7310 Mindello St. Suite, Apt. #, etc.	3. Mailing Address 7310 Mindello St. Suite, Apt. #, etc.
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01222004 Chg-LLC CR2E083 (10/03)

City & State Coral Gables, Fl. 33143	City & State Coral Gables, Fl.
Zip 33143	Zip 33143
Country US	Country US

4. FEI Number 55-0847617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAFONTISEE, LOUIS L JR 3121 COMMODORE PLAZA, SUITE 301 MIAMI, FL 33133	
7. Name and Address of New Registered Agent Name Lebaz, Jacques Street Address (P.O. Box Number is Not Acceptable) 7310 Mindello St. City Coral Gables FL Zip Code 33143	

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 (See attached St.) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEBAZ, JACQUES 1 NE 40 STREET, SUITE 3 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lebaz, Jacques 7310 Mindello St. Coral Gables, Fl. 33143 <input checked="" 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	MGR Carones De Miranda, Alice 7310 Mindello St. Coral Gables, Fl. 33143 <input type="checkbox"/> Change <input checked="" 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
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
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
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)(l), 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: [Signature] **01/21/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
24004124
L03000007479

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: 576 Investment, LLC
2. The mailing address of the limited liability company is: 7310 Mindello Street
Coral Gables, FL 33143
3. Date of filing/registration in Florida: 02/28/03
4. Document number: L03000007479

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lafontisee, Louis L. Jr.
Name
3121 Commodore Plaza, Suite 301
Address
Miami FL 33133
City, State and Zip

6. The name and address of the new registered agent and/or office:

Lebaz, Jacques
Name
7310 Mindello Street
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33143
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Jacques Lebaz
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314