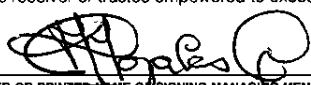


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90192 041 ****55.00

DOCUMENT # L03000035137 1. Entity Name TAGOROR INVESTMENTS, LLC					
Principal Place of Business 7625 SW 84TH CT. MIAMI, FL 33143			Mailing Address 7625 SW 84TH CT. MIAMI, FL 33143		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALOYRA, JOSE STE. 200 GRAND BAY PLAZA 2665 S. BAYSHORE DR. MIAMI, FL 33133			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	MANAGING MEMBER	
STREET ADDRESS			STREET ADDRESS	LORENZO BENITEZ	
CITY-ST-ZIP			CITY-ST-ZIP	7625 S.W. 84 CT MIAMI FL 33143	
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	MANAGER	
STREET ADDRESS			STREET ADDRESS	ANTONIO MORALES	
CITY-ST-ZIP			CITY-ST-ZIP	7625 S.W. 84 CT MIAMI, FL 33143	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MANAGER - ANTONIO MORALES			Date: 2/12/04 Daytime Phone #: 305-598-2850		

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02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number **56-2404767** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required