2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000008373

1. Entity Name

RO-MACH I INVESTMENTS, LLC



Principal Place of Business

101 MADEIRA AVENUE CORAL GABLES, FL 33134 Mailing Address

101 MADEIRA AVENUE CORAL GABLES, FL 33134

FILED Apr 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For 65-1029211 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

| MACHADO, CARLOS M ESQ 101 MADEIRA AVENUE CORAL GABLES, FL 33134 | | | DO NOT WRITE IN THIS SPACE | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|--|
| the obligat | named entity submits this statement for the purpose of changions of registered agent. | ging its registered office or registered agent, or both, in | the State of Florida. I am familiar with, and accept | |
| 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, 2004 | | 0 | U00000136487 04/28/04-80092-023 50.00 | |
| 9 | MANAGING MEMBERS/MANAGERS | | | |
| ITLE NAME STREET ADDRESS CITY-SY-ZIP | MGRM RODRIGUEZ, JUAN J 101 MADEIRA AVENUE CORAL GABLES, FL 33134 | | | |
| TITLE Name Street address City+St+Zip | MGRM MACHADO, CARLOS M 101 MADEIRA AVENUE CORAL GABLES, FL 33134 | | | |
| ITLE | | | | |

DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

CITY - ST - ZIP

SIGNATURE AND TYPED