


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90016 013 \*\*\*\*50.00

<b>DOCUMENT # L02000019857</b>	
1. Entity Name SEBISOL INVESTMENTS, LLC	

Principal Place of Business 17850 W DIXIE HWY 2B NORTH MIAMI BEACH, FL 33160	Mailing Address 862 SUNFLOWER CIRC WESTON, FL 33327
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2. Principal Place of Business 862 SUNFLOWER CIRC	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESTON, FL	City & State
Zip 33327	Country USA

20029139



04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0001410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  FAERMAN, FABIO F 862 SUNFLOWER CIRC WESTON, FL 33327	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAERMAN, FABIO 862 SUNFLOWER CIRC WESTON, FL 33327 <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
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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)(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:**  **FABIO FAERMAN** - MR-4-5-05 786 262 9966

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