

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90031 036 ****50.00

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04222005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000022785 1. Entity Name 491 INVESTMENTS, LLC					
Principal Place of Business 3165 WEST 4 AVENUE HIALEAH, FL 33012			Mailing Address 3165 WEST 4 AVENUE HIALEAH, FL 33012		
2. Principal Place of Business <i>6500 Cowpen Rd.</i>		3. Mailing Address <i>6500 Cowpen Rd.</i>			
Suite, Apt. #, etc. <i>301</i>		Suite, Apt. #, etc. <i>301</i>			
City & State <i>Miami Lakes, FL</i>		City & State <i>Miami Lakes, FL</i>			
Zip <i>33014</i>		Country <i>U.S.A.</i>		Zip <i>33014</i>	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>			
4. FEI Number <i>571201309</i>			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 KEIL, DANIEL M 3165 WEST 4 AVENUE HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name <i>Daniel M. Keil</i> Street Address (P.O. Box Number is Not Acceptable) <i>6500 Cowpen Rd. Suite 301</i> City <i>Miami Lakes</i> FL Zip Code <i>33014</i>		
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 <i>[Signature]</i> DATE <i>4/25/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 GONZALEZ, ALBERT O 3165 WEST 4 AVENUE HIALEAH, FL 33012		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, ALBERT O 3165 WEST 4 AVENUE HIALEAH, FL 33012		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, ALBERT O 3165 WEST 4 AVENUE HIALEAH, FL 33012		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, ALBERT O 3165 WEST 4 AVENUE HIALEAH, FL 33012		<input type="checkbox"/> Delete		
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 <i>[Signature]</i> DATE <i>4/25/05</i> 305 827-8977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		