


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State


06-01-2005 90102 030 ***150.00

DOCUMENT # L03000030470	
1. Entity Name 46TH STREET INVESTMENTS, LLC.	

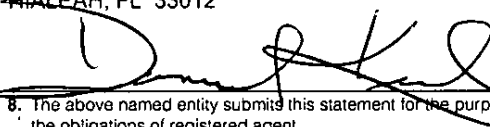
Principal Place of Business 2134 WEST 62 STREET HIALEAH, FL 33016	Mailing Address 7333 MIAMI LAKES DR #227 MIAMI LAKES, FL 33016
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2. Principal Place of Business <i>6500 Cowpen Road</i>	3. Mailing Address <i>6500 Cowpen Road</i>
Suite, Apt. #, etc. <i>305</i>	Suite, Apt. #, etc. <i>305</i>

City & State <i>Miami Lakes, FL</i>	City & State <i>Miami Lakes, FL</i>
Zip <i>33014</i>	Country <i>Dade</i>



05122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3131028		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 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.

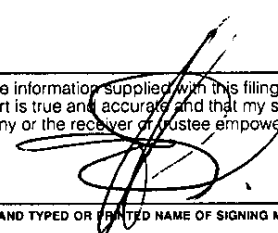
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOLEDO, EVELIO A 16212 NW 82 CT MIAMI LAKES, FL 33016 <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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #