

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022785 1. Entity Name 491 INVESTMENTS, LLC	
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Principal Place of Business 6500 COWPEN RD, #301 MIAMI LAKES, FL 33014	Mailing Address 6500 COWPEN RD, #301 MIAMI LAKES, FL 33014
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01232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1201309	Applied For Not Applicable
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5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KEIL, DANIEL M 6500 COWPEN RD, STE 301 HIALEAH, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GONZALEZ, ALBERT O 6500 COWPEN RD, #301 MIAMI LAKES, FL 33014
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02/15/06-80031-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/06 305 821-5500
Date Daytime Phone #