2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2004 08:00 AM **DOCUMENT # L00000001508 Secretary of State** 1. Entity Name LIGFRA INVESTMENT, L.L.C. Principal Place of Business Mailing Address 107 LEROY AVE. 107 LEROY AVE. LEHIGH ACRES, FL 33972 LEHIGH ACRES, FL 33972 01152004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1003436 Not Applicable \$5.00 Additional Fee Required 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent PLAZAS-OZEKI, LIGIA DO NOT WRITE **107 LEROY AVENUE** LEHIGH ACRES, FL 33972-5610 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 -20-04 me of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGRM 71315 NAME PLAZAS-OZEKI, LIGIA U00000011821 107 LEROY AVE STREET ADDRESS 01/23/04-80053-017 50.00 CITY-ST-ZIP LEHIGH ACRES, FL 33972 TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAM. STREET ADDRESS CITY-ST-ZIP BITLE NAME STREET ADDRESS

11. Thereby certify that the information supplied with this filling 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 path; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP 313LE NAME STREET ADDRESS CITY-ST-ZIP

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

1-20-04