


**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L00000004569</b> 1. Entity Name <b>TOMERA INVESTMENTS LC</b>	
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Principal Place of Business <b>1111 BRICKELL AVE          STE 1700          MIAMI, FL 33131</b>	Mailing Address <b>1111 BRICKELL AVE          STE 1700          MIAMI, FL 33131</b>
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1009011</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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 \_\_\_\_\_      (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

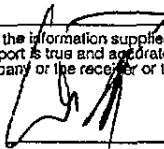
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TOEDTL, WILLY J
STREET ADDRESS	781 CRANDON BLVD., UNIT 601
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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L000000203931  
 01/29/05-80049-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**       **Jan 21, 05**      **305 323 7060**

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