


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000005460**  
 1. Entity Name  
**IBERINVEST, L.L.C.**



Principal Place of Business <b>8206 NW 30 TERR MIAMI, FL 33122</b>	Mailing Address <b>8206 NW 30 TERR MIAMI, FL 33122</b>
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**DO NOT WRITE IN THIS SPACE**



01072004No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1015318</b>	Applied For 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

**ROBINSON, WESLEY M ESQ  
 501 BRICKELL KEY DR  
 SUITE 504  
 MIAMI, FL 33131**

**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: NO      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUB, ADRIANNA H 8206 NW 30 TERR MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFREDO, SPADARO D 8206 NW 30 TERR MIAMI, FL 33122
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 01/16/04-80001-007 50.00

**DO NOT WRITE IN THIS SPACE**

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]      01/12/04      305-994 1800

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