

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005928

FILED
Jan 14, 2004
Secretary of State

Entity Name: ST. JUDE INVESTMENTS, L.L.C.

Current Principal Place of Business:

2760 W 81 STREET
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

2760 W 81 STREET
HIALEAH, FL 33016

Current Mailing Address:

P.O. BOX 160460
HIALEAH GARDENS, FL 33016

New Mailing Address:

P.O. BOX 160460
HIALEAH, FL 33016

FEI Number: 65-1009648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, DENISE V
2600 DOUGLAS ROAD
SUITE 501
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: MECOZZI, MILTON SR
Address: 21050 POINT PLACE E1602
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: MECOZZI, MILTON JR
Address: 11163 NW 71ST TERRACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MECOZZI, MILTON SR
Address: 21050 POINT PLACE #1602
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: MECOZZI, MILTON JR
Address: 11163 NW 71ST TERRACE
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MILTON MECOZZI JR

MGRM

01/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date