

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000005983 1. Entity Name FINE INVESTMENTS, L.C.	
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Principal Place of Business 911 S.E. 6TH AVENUE 111 DELRAY BEACH, FL 33483	Mailing Address 911 S.E. 6TH AVENUE 111 DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1014436	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

FINE, CLIFFORD T
911 S.E. 6TH AVENUE, #111
DELRAY BEACH, FL 33483

**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

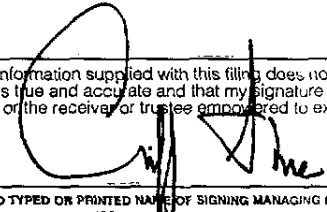
**Filing Fee is \$50.00
Due by May 1, 2004**

00000048659
02/12/04-80083-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE, CLIFFORD T 911 S.E. 6TH AVENUE #111 DELRAY BEACH, FL 33483
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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:  **2-6-04** ⁽⁵⁶¹⁾ **274-4433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #