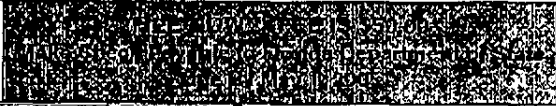
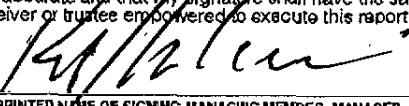


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)****FILED**
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008303					
1. Entity Name LIVERPOOL INVESTMENTS, L.L.C.					
Principal Place of Business 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173			Mailing Address 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Name and Address of Current Registered Agent MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 am 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 _____					
					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VELOCCI, RALPH 815 N.W. 57 AVE., SUITE 202 MIAMI FL 33126		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:  **7/11/05** **305-678-6770**

Date Daytime Phone #



1st MOORE CR2E083 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied: ☐ Not App: ☐5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required**FL** Zip CodeU000000372025
07/11/05-80014-002 50.00