
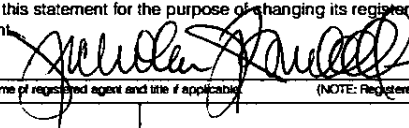



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90163 023 ****50.00

DOCUMENT # L00000015104 1. Entity Name MAJOR LEAGUE INVESTMENT PROPERTIES, LLC			
Principal Place of Business 7001 S.W. 61 AVENUE MIAMI, FL 33143		Mailing Address 7001 S.W. 61 AVENUE MIAMI, FL 33143	
2. Principal Place of Business 2921 NW 6 Ave Suite, Apt. #, etc.		3. Mailing Address 2921 NW 6 Ave Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33127 Country USA		Zip 33127 Country USA	
4. FEI Number 65-1066401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required.	
6. Name and Address of Current Registered Agent BARBELLA, NICHOLAS J 7001 S.W. 61 AVENUE MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Nicholas J. Barbella Street Address (P.O. Box Number is Not Acceptable) 8986 SW 213 ST City MIAMI FL Zip Code 33189	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 2/9/2004	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BARBELLA, NICHOLAS J 7001 SW 61 AVENUE MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2921 NW 6 Avenue Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2/9/2004 Daytime Phone # 305-571-8353	

44010728



02082004 Chg-LLC CR2E083 (10/03)