LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 30, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L 0/00000 2047					04-30-2002 90034 047 ****50.00			
1 Entity Nar	ma	INVESTMENTS,	LLC	. V				
	DO NOT WR	ITE IN THIS S	SPAC	Elsk.				
2. Principal I	Place of Business 71 STREET	3. Mailing Address						
Suite, Apt		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPA	ACE	
City & Sta	BEACH, FZ	City & State		•	4. FEI Num	nber 65 - 1086935	Applied For Not Applicable	
Zio	141 Country USA	Zip	Cour	ntry		ite of Status Desired \$5	5.00 Additional e Required	
g de la company	g graph and the distriction	And a surface property for the fit		32-22 L 32-25	7. Name and	Address of Current Registered A		
DO NOT WRITE				Name MA	MARK ROUSSO, ESQ.			
				Street Address (P.O. Box Nurr	nber is Not Acceptable)		
IN THIS SPACE					HOLLYW	000 BLVD STE 36		
				City HOLLY		FL	Zip Code 3302/	
8. The above	e named entity submits this state	ment for the purpose of changing i	ts register	ed office or register	ed agent, or t	ooth, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable.			•	DATE		
:	evies est			\$50.00 o Department of MAY 1	State			
9.	,	MEMBERS/MANAGERS				anteranionale productiva estrici		
TITLE NAME	MGRM ALAN LIPS		TITL NAM				Coule Supplement	
STREET ADDRESS CITY-ST-ZIP	MIAMIREACH, FZ	33141	7,000 (1,000 or T	ET ADDRESS ST. ZIP				
TITLE			2000	1.1		and the second second	GE GE	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS		Andrews at the owner.		
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NAME			NAM		ALIVE COM	the particle of the particle of the	Sill er gasak	
STREET ADDRESS				ET ADDRESS ST-ZIP	D	O NOT WRITI		
TITLE	<u></u>	7	mu	Company of the compan			was property to the control of the c	
NAME STREET ADDRESS			NAM	ET ADDRESS	Н	N THIS SPACE	entralis de la proposició de la como de la c	
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TITLE NAME			mu		100	en e	gradua (14. de 16.)	
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TITLE NAME	• •		NAME		70.200			
STREET ADDRESS CITY-ST-ZIP			100	T ADDRESS				
11 I hereby o	certify that the information supplies	ed with this filing does not qualify for	or the ever	ST-ZIP notion stated in Sec	tion 119.07(3)(i), Florida Statutes. I further certify t	hat the information	
indicated limited lia	on this report is true and accura bility company of the receiver of	p and that my signature shall have trustee empowered to execute this	the same report as	legal effect as if ma required by Chapte	ede under oat er 608, Florida	h; that I am a managing member or Statutes.	manager of the	
CICNAT	upe. / //	\sim				4/18/02 305-8	68-3600	
SIGNAT		NAME OF SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRESEN	TATIVE		Phone /	