LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

ال	NIFORM E	BUSINES	S REPORT	r (UI	BR)					
DOCUMENT # L0100002966 1. Entity Name].				
ROUTE INVESTMENTS, LLC						04 MAY 26 PM 2:03 SECRETARY OF S:03				
						SECUL	6 PH 3			
DO NOT WRITE IN THIS SPACE						LLAHASSE	6 PH 2:03 Y OF STATE E. FLORIDA	•		
Principal Place of Business 3. Mailing Address						A 1.	E. FLORIDA			
13341 SW 88 Terr 13341 SW 88 Te: Suite, Apt. #, etc. #E: #E					err	Parc	DO NOT WRITE		ACE ,	
City & State City & State						4. FEI Number	1123709		Applied For Not Applicable	
Zip	Country Zip			Coun	•		of Status Desired		5.00 Additional	
33186	D2	ADE	33186	L DA	DE	7. Name and Ac	idress of Current F		ee Required Agent	
Name MA							RIA C. OLANO			
DO NOT WRITE Street Address (F							is Not Acceptable)			
	INIT	IIS SPA		13341 SW 88 Terr #E						
					City M:	iami		FL	Zìp Code	
8. The above	named entity submits	this statement for the	purpose of changing it	s registere	ed office or registo	ered agent, or both	, in the State of Flor	ida.	,	
SIGNATURE Signature, typed or prime throughstered agent and talls a applicable. MARIA							ANO	5/6	5/04	
FEE IS \$50.00										
Make Check Payable to Department of State										
9.	MAN	AGING MEMBERS/	MANAGERS	AND					A STANTON OF THE STANTON AND A STANTON OF THE STANT	
TITLE NAME	MGRM	. T. 3 G		S NAM	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
STREET ADDRESS	OLANO, MARIA,C. 13341 SW 88 Terr #E				ET ADDRESS					
CITY-ST-ZIP TITLE	Miami, FL. 33186				15.78 UDUD37565810					
NAME	MGRM MESA, LUIS F.				we == 05/04/04-501032-1024; **50.00					
STREET ADDRESS CITY-ST-ZIP	S 3341 SW 88 Terr #E				ET ADORESS -ST-ZIP					
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TITLE NAME : [744] ; .			MAM	NEW COMPANY					
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NAME	,			NAM	E					
STREET ADDRESS CITY-ST-ZIP	. f			\$5.00 m	ET ADDRESS -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.										
SIGNAT		Mes		Luis	F. Drs	5/	25/04	(305)	229-2686	
SECHMATURE AND TYPED OR PRINTED MAKE ASSIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date Daylinin Phone #										