


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

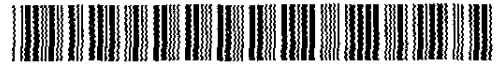
FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003738
 1. Entity Name
 OZTEMEL INVESTMENTS, LLC



Principal Place of Business: 600 GRAPE TREE DRIVE, APT. 3AS, KEY BISCAYNE, FL 33149
 Mailing Address: 600 GRAPE TREE DRIVE, APT. 3AS, KEY BISCAYNE, FL 33149

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07132004 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 06-1608194 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 OZTEMEL, MARY
 600 GRAPE TREE DRIVE, APT. 3AS
 KEY BISCAYNE, FL 33149

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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: *Mary Oztemel* (NOTE: Registered Agent signature required when reinstating)
 DATE: *July 26, 2004*

Filing Fee is \$50.00 Due by September 8, 2004
 U00000168935
 08/02/04-80003-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZTEMEL, MARY 600 GRAPE TREE DRIVE, APT. 3AS KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZTEMEL, GLENN 600 GRAPE TREE DRIVE, APT. 3AS KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 808, Florida Statutes.
 SIGNATURE: *Mary Oztemel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
 DATE: *July 26 - 2004*
 DATE Daytime Phone #