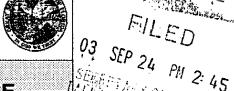
LIMITED LIABILITY COMPAND (1) 00003949

OCUME	ENT	#.L01	00000	3949
Entity Name		•		

D.G.V. INVESTMENT LLC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
111 NE 57 STREET	111 NE 57 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
•	

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-1082982		Applied For
FT. LAUDERDALE, FL		FT. LAUDERDALE, FL				Not Applicable
Zip 33334	Country US	^{Zip} 33334	Country US	5. Certificate of Status Desired		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

	7.	Name and Address of	Current Registered Age	Π
ame	JUAN M	. CURIEL		

Street Address (P.O. Box Number is Not Acceptable)

111 NE 57 STREET

City	FT.	LAU	DEF	RDA	LE
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FL 33334

DATE

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

gent and title if applicable.

FEE IS \$50.00

Make Check Payable to Florida Department of State DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGRM) JUAN M. CURIEL 111 NE 57 STREET FT. LAUDERDALE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE		

TITLE NAME STREET ADDRESS TATEMENT 2002 - 2003 CITY-ST-ZIP

OUZ-ZUUS

DO NOT WRITE IN THIS SPACE

TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CHY-SI-7P TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-2IP TITLE me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: SIGNATURE AND POPULATION NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CRZE083B (12/02)



TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED COMPANY.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

JÚÁN M. CURIEL MANAGER