2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED Jan 24, 2005 08:00 AM DOCUMENT # L01000004111 **Secretary of State** 1. Entity Name LAFAYETTE INVESTMENTS, LLC Principal Place of Business Mailing Address 15419 NE 20TH 15419 NE 20TH SUITE 205 BELLEVUE WA 98007 SUITE 205 BELLEVUE WA 98007 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 58-2647662 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RINKA, PATRICK K 215 N. EOLA DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9, MGRM THE ☐ Change Addition Milt ☐ Delete REID, JAMES W NAME CHREET ADDRESS STREET ADDRESS 15919 NE 20TH, SUITE 205 ENTY-SI-7113 BELLEVUE WA 98007 CHY-ST-7/P TITLE ☐ Delete um ☐ Change Addition MAM STREET ADDRESS STREET ADDRESS U000**00**0194318 C/1Y - S1 - 7IP CHY-SI-78 /25/05-80097-003 Addition ☐ Defete iii) £ HIGH NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-51-7IP HILE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY ST-70P CATY-ST-NP Change ☐ Delete Addition 🔲 HILE Trick NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-71P GUY-SI-28 THEE ☐ Delete Juice ☐ Change Addition MAME NAME STREET ADDRESS. STREET ADDRESS COLY: ST: ZIB COTY-ST-ZIE 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 enpowered to execute this report as required by Chapter 608, Florida Statutes.

MERM

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

1-18-05

425-883-6866