


05-05-2003 92167 006 ***150.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

00000733

DOCUMENT # L01000005721

1. Entity Name
METROPOLITAN 2205 INVESTMENT L.L.C.



Principal Place of Business
 1699 CORAL WAY, SUITE 510
 C/O RICARDO MARTINEZ-CID
 MIAMI, FL 33145

Mailing Address
 1699 CORAL WAY, SUITE 510
 C/O RICARDO MARTINEZ-CID
 MIAMI, FL 33145

2. Principal Place of Business
2475 Brickell Ave

3. Mailing Address
2475 Brickell Ave

Suite, Apt. #, etc.
2207

Suite, Apt. #, etc.
2207

City & State
Miami, FL

City & State
Miami, FL

Zip
33129

Country
USA

Zip
33129

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1111875

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARTINEZ-CID, RICARDO
 1699 CORAL WAY, SUITE 510
 C/O RICARDO MARTINEZ-CID
 MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name
Miguel Blasco
 Street Address (P.O. Box Number is Not Acceptable)
2475 Brickell Ave. Suite 2207
 City
Miami FL Zip Code
33129

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 _____ DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$60.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARABIA, MIGUEL BLASCO 1699 CORAL WAY, SUITE 510 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIGUEL BLASCO CARABIA 2475 BRICKELL AVE SUITE 2207 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIKMAN, MIGUEL BLASCO 1699 CORAL WAY, SUITE 510 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIGUEL BLASCO WIKMAN 2475 BRICKELL AVE. SUITE 2207 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE **04/30/03** (305) 860 9929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)