


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90069 004 ****50.00

DOCUMENT # L01000007437

1. Entity Name
FLYBRIDGE INVESTMENTS LC



Principal Place of Business 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131	Mailing Address 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131
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2. Principal Place of Business 1390 Brickell Ave.	3. Mailing Address 1390 Brickell Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

City & State Miami - Florida	City & State Miami - Florida
Zip 33131	Country USA
Zip 33131	Country USA

04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1102321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**AGRAMUNT, LUIS
 1221 BRICKELL AVE.
 SUITE 1100
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Luis Agramunt

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

1390 Brickell Ave., suite 200

City
Miami

State
FL

Zip Code
33131

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 **04/26/2004**

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1221 BRICKELL AVE. MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Luis Agramunt 1390 Brickell Ave., Suite 200 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **04/26/2004** DAYTIME PHONE # **305-373-5802**

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