

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009858

Entity Name: C.B. INVESTMENTS, LLC

FILED  
Mar 25, 2004  
Secretary of State

## Current Principal Place of Business:

512 FRONT STREET  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

512 FRONT STREET  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number: 65-1117378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMONT & NEIMAN, P.A.  
ONE BISCAYNE TOWER, 3550  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: CAPAS, DOUGLAS M  
Address: 512 FRONT ST  
City-St-Zip: KEY WEST, FL 33040

Title: MGR ( ) Delete  
Name: CAPAS, JEFFREY G  
Address: 512 FRONT ST  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: CAPAS, DANTE L  
Address: 512 FRONT STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR ( ) Change (X) Addition  
Name: RUSSELL, JANICE F  
Address: 512 FRONT STREET  
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOUGLAS M CAPAS

MGR

03/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date