

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90060 031 ****50.00

DOCUMENT # L01000011907					
1. Entity Name PRAXIS INVESTMENTS LLC					
Principal Place of Business 490 OPA LOCKA BLVD. SUITE 11 OPA LOCKA, FL 33054			Mailing Address 444 BRICKELL AVE 210 MIAMI, FL 33131		
2. Principal Place of Business 444 BRICKELL AVE		3. Mailing Address			
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State		4. FEI Number 65-1156727	
Zip 33131		Country		Applied For Not Applicable	
City & State MIAMI, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINISTERRA, TOMAS B 490 OPA-LOCKA BLVD SUITE 11 OPA LOCKA, FL 33054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
State			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 _____ (NOTE: Registered Agent signature required when certifying) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINISTERRA, TOMAS B 490 OPA-LOCKA BLVD., SUITE 11 OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SINISTERRA, TOMAS B. 444 BRICKELL AVE. SUITE 210 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:			4-19-04 (305) 372-0095		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		