

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90061 048 \*\*\*\*50.00

<b>DOCUMENT # L01000012473</b> 1. Entity Name <b>ROYAL GARDENS INVESTMENTS, LLC</b>					
Principal Place of Business <b>1760 WEST 41ST STREET, UNIT B HIALEAH, FL 33012</b>			Mailing Address <b>1760 WEST 41ST STREET, UNIT B HIALEAH, FL 33012</b>		
2. Principal Place of Business <b>3450 WEST 84 STREET</b>		3. Mailing Address <b>3450 WEST 84 STREET</b>			
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc. <b>SUITE 201</b>			
City & State <b>HIALEAH, FLORIDA</b>		City & State <b>HIALEAH, FLORIDA</b>			
Zip <b>33018</b>	Country <b>USA</b>	Zip <b>33018</b>	Country <b>USA</b>	4. FEI Number <b>65-1127330</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAVERAN, NELSON 1760 W 41 ST #B HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>NELSON GRAVERAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3450 WEST 84 STREET</b> <b>SUITE 201</b> City <b>HIALEAH</b> <b>FL</b> Zip <b>33018</b>		
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 <b>MANAGER</b> <span style="float: right;">4/22/04</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, NELSON 1760 W 41 ST #B HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, NELSON 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, ISABEL C 1760 W 41 ST #B HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, I. CRISTINA 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	<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	MGR GRAVERAN, JEANNIE 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 <b>MANAGER</b> <span style="float: right;">4/22/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					