

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014484

FILED  
Jan 17, 2005  
Secretary of State

**Entity Name:** CASH FLOW INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

1586 S.W. BAYSHORE BLVD.  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

1586 S.W. BAYSHORE BLVD.  
PORT ST LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 02-0563801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANN, BRETT M  
1586 S.W. BAYSHORE BLVD  
PORT ST LUCIE, FL 34983 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: MGRM ( ) Delete  
Name: SHANN, BRETT M  
Address: 2892 SE PINE VALLEY ST  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: MGRM ( ) Delete  
Name: STALLINGS, JOHN  
Address: 694 SE ASHLEY OAKS WAY  
City-St-Zip: STUART, FL 34997 US

**ADDITIONS/CHANGES:**

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

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

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: BRETT SHANN

MMGR

01/17/2005

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