

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018257

FILED
Feb 05, 2004
Secretary of State

Entity Name: CARES INVESTMENTS, L.L.C.

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABELS, FL 33134

New Principal Place of Business:

14011 NW 13 STREET
PEMBROKE PINES, FL 33028

Current Mailing Address:

536 BILTMORE WAY
CORAL GABELS, FL 33134

New Mailing Address:

FEI Number: 65-1149291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL GABELS, FL 33134

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: CARDENAS KEY, RAMIRO JOSE
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABELS, FL 33134

Title: MGRM () Delete
Name: ESTRADA DE CARDENAS, RITA ELENA
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABELS, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARDENAS KEY, RAMIRO JOSE
Address: 14011 NW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM (X) Change () Addition
Name: ESTRADA DE CARDENAS, RITA ELENA
Address: 14011 NW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: RAMIRO CARDENAS

MGRM

02/05/2004

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