

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019302

1. Entity Name

T&S INVESTMENT PROPERTIES, LLC



Principal Place of Business

**3700 LEAFY WAY
MIAMI, FL 33133**

Mailing Address

**3700 LEAFY WAY
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



01082004No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1152257

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
SEVENTH FLOOR
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

1000000039259
03/30/04-80006-010 50.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**MGR
TOMLINSON, JOHN
3700 LEAFY WAY
MIAMI, FL 33133**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**MGR
SQUITERO, JOHN
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI, FL 33133**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/26/04 (305) 836-2444