2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003508

1. Entity Name
REGIS INVESTMENT, LLC

Principal Place of Business	Mailing Address
4529 N. PINE ISLAND ROAD SUNRISE, FL 33351	4529 N. PINE ISLAND ROAD SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
30-0049435	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER, THOMAS
4529 N. PINE ISLAND ROAD
SUNRISE, FL 33351

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

U00000128600
04/26/04-80044-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MAYER, THOMAS
STREET ADDRESS	4529 N PINE ISLAND ROAD
CITY-ST-ZIP	SUNRISE, FL 33351
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____   4/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #