


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90352 008 \*\*\*\*50.00

**DOCUMENT # L02000004619**

1. Entity Name  
**2853 INVESTMENT, LLC**



Principal Place of Business  
**201 ALHAMBRA CIRCLE, SUITE 502  
 CORAL GABLES, FL 33134**

Mailing Address  
**201 ALHAMBRA CIRCLE, SUITE 502  
 CORAL GABLES, FL 33134**

**24050294**



**DO NOT WRITE IN THIS SPACE**

02172004 No Chg-LLC      CR2E083 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>01-0694480</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional-Fee Required</b> |                               |

6. Name and Address of Current Registered Agent

**ARVESU, MANUEL M  
 201 ALHAMBRA CIRCLE, SUITE 502  
 CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

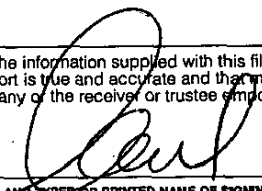
**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>P<br/>ARVESU, MANUEL M<br/>201 ALHAMBRA CIRCLE STE. 502<br/>CORAL GABLES, FL 33134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Manuel M. Arvesu**      4/22/04

SIGNATURES AND TITLES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #