2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 02000006243



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90037 026 ****50.00

1. Entity Nam	e NVESTMENTS, LLC	210							
Principal Plac	e of Business	Mailing Address			24053625				
12355 CASC BOCA RATON	ADES POINTE DR. I, FL 33428	PO BOX 970141 Boca Raton, FL 33497-0141			# # # # # # # # # # # # # # # # # # #				
2096	lace of Business GUADELOUPE DRIVE	3. Mailing Address 2096 GUADELOUIE DRIVE							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04	222004 Chg-LLC	CR2E0	83 (10/03)		
City & Stat	GTON FLORIDA	City & State WELUNUTON	FLORIDA		El Number 01-0670367		No	oplied For ot Applicable	
-33414	Country - USA	-33414 —	Country	5. (Certificate of Status Des	ired 🔲	\$5.00 Add Fee Required	litional d	
	6. Name and Address of Current	Registered Agent	Name	7. 1	lame and Address of N	lew Registered #	lgent		
CHENG, BOCK Y 12355 CASCADES POINTE DR. BOCA RATON, FL 33428 2096 GUADELOUPE D City WELLINGTON 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement of the purpose of Changing its Registered office or Registered agent, or both, in the Statement of Registered Address (P.O. Box Number is Not Acc.) SIGNATURE SHOWARD PROPERTY OF THE REGISTER ADDRESS (P.O. Box Number is Not Acc.) STORIGHTURE SHOWARD PROPERTY OF THE REGISTER ADDRESS (P.O. Box Number is Not Acc.) STORIGHTURE SHOWARD PROPERTY OF THE REGISTER ADDRESS (P.O. Box Number is Not Acc.) STORIGHTURE SHOWARD PROPERTY OF THE REGISTER ADDRESS (P.O. Box Number is Not Acc.) STORIGHTURE SHOWARD PROPERTY OF THE REGISTER ADDRESS (P.O. Box Number is Not Acc.)							Zip Code	33 <i>414</i>	
SIGNATURE .	Signature, typed or writed name of registered agent a		Registered Agent signati	ire required when re	enstating)	DATE			
Fi D	ling Fee is \$50.00 ue by May 1, 2004		• •			Make check p orida Departmi		6	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITI	ONS/CHANGES			
TITLE .	MGRM	☐ Defete	TITLE	Marm			Change	■ Addition	
NAME STREET ADDRESS	SEOK, HEAN Y PO BOX 970141		NAME STREET ADDRESS		eok Hean	BRIVE			
CITY-ST-ZIP	BOCA RATON, FL 334970141		CITY-ST-ZIP	2096	GUADELOUPE VGTON , FL	33414			
TITLE	MGRM	☐ Defete	TITLE	MGR	quitow 1	33.,	Change	Addition	
NAME	YEO, CHENUG B		NAME		HENG BOCK		_ ,	_	
STREET ADDRESS	PO BOX 970141		STREET ADDRESS	2096	GUA DELOUPE	DRIVE			
CITY-ST-ZIP	BOCA RATON, FL 334970144		CITY-ST-ZIP	METCIN		33414			
TITLE	MGRM YEO, CHENG H	Delete	TITLE		. حبال الديدسي		☐ Change	Addition	
STREET ADDRESS	PO BOX 970141		STREET ADDRESS						
277.67.70	BOOK BATON EL BOARTOANA		0.714 07 010						

TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Skylaffick ,	VEO.	CHENG	BOCK	MANAGER	4/23/04	561-969-688.
SIGNATURE AND TYPED OR PRINTED NAME OF	DOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Daytime Phone #