


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90002 006 ****50.00

DOCUMENT # L02000011979 1. Entity Name F & C INTERNATIONAL INVESTMENTS, LLC					
Principal Place of Business 2307 DOUGLAS RD 400 MIAMI, FL 33145 US			Mailing Address 2307 DOUGLAS RD 400 MIAMI, FL 33145 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3671413	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI, FL 33145			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORUMENTEL, CARLOS J		NAME	<i>FOURMENTEL, CARLOS J</i>	
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, BA 1425		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA FOURMENTEL, NOEMI J		NAME		
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, BA 1425		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOURMENTEL, FEDERICO G		NAME		
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, BA 1425		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOURMENTEL, MARIA C		NAME		
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, BA 1425		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Carlos Fourmentel</i> <i>4/29/04</i> <i>305 447 8801</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					