## 2005 LIMITED LIABILITY COMPANY

## **FILED** Apr 04, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L02000015755 1. Entity Name COUNTRY REAL ESTATE INVESTMENTS, LLC Mailing Address Principal Place of Business\_\_ 7300 SW 100TH COURT 7300 SW 100TH COURT MIAMI, FL 33173 MIAMI, FL 33173 02142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0728033 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. DO NOT WRITE 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 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 DATE Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME COUNTRY USA, INC. 7300 SW 100TH COURT STREET ADDRESS MIAMI, FL 33173 CITY-ST-ZIP TITLE VALENZUELA, PATRICIO NAME 3440 HOLLYWOOD BOULEVARD, SUITE 360 STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE LEPRE, HUGO NAME 7300 SW 100TH CT STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33173 IN THIS SPACE TITLE NAME MANGUPLI, LUIS 7300 SW 100TH CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and acquirate 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 regiever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 🔀

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

> HUGO LEPRE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGN MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Davima Phone #