2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: THE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000017110	ANNUAL REPUBLI (AR)						*	FILED	1	
Principal Place of Business  Mailing Address  Aug S N NERRASKA AVE STE. 2  TAMPA FL 39003  2. Principal Place of Jusiness  Sulls: API 4 - 8th.  City & Shale  City & Shale							Jul 26, 2005 08:00 AM			
### Addition NEBRASKA AVE STE 2 TAMPA FL 33503  2. Principal Pioce of Business  Suite, Apt 1 in etc.  Suite, A	OPPORTUNITY INVESTMENTS GROUP, LTD. CO.						Secr	etary o	ı Stau	ē
TAMPA FL 33603  2. Principal Floor of Business  Suffe, Apt. 4, etc.  Suffe, Apt. 8, etc.  Suf	Principal Plac	ce of Business	Mailing Address			7				
Salte, Apt. 8, etc.  Salte, Apt. 8, etc.  City & State  Ci						<u>.</u> 1				
Cay & State  City & State  Cit	2. Principal I	Place of Business	3. Mailing Address			1				
Section   Sect	Suite, Apt. #, etc.		Suite, Apt #, etc.			1st MOORE	CR2E08	3 (10/04)	-	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  DE LEON, ERNESTO 1904 E MCDERRY ST TAMPA FL 33610  City  FL  Othy  FL  Zip Code  S. The above named entity submits this stationent for the purpose of changing its registered agent or footby, in the State of Florida. I am familiar with, and accept the obligations of registered agent properties and agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept fine agent properties are useful agent properties. I am familiar with, and accept	City & State		City & State		4. FEI Nur	56-22814	483	<del> </del>	<u> </u>	
DE LEON, ERNESTO 1904 E MCBERRY ST TAMPA FL 33010  6. The above named entity submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered spent or registered spent or registered spent.  SIGNATURE    The above named entity submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered spent or registered spent.    SIGNATURE   The property of the purpose of the purpose of changing its registered office or registered spent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered spent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered spent or property of the interesting)   DATE	<b>Z</b> ip	Country	Zip	Countr	У	5. Certifica	ate of Status Desire	ed 🔲	\$5.00 Add	litiona)
DE LEON, ERNESTO 1904 E MCBERRY ST TAMPA FL 33610  City FL Zip Code  6. 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. Tam familiar with, and accept the deligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the deligations of registered agent.  SIGNATURE    Provide   Provide principal state of registered agent and to a sepretable   Provide principal state of Florida Department of State	<del></del>	6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of Ne	w Registered		
### TAMPA FL 33610    City   FL   Zip Code										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	1904 E MCBERRY ST				Street Address	(P.O. Box Nur	nber is Not Accept	able)		
SIGNATURE    Signature   Process   P				-	City			FL	Zip Code	9
Part			or the purpose of changing its	s registered	office or registe	ered agent, or	both, in the State o	f Florida. I am	familiar with,	and accept
S. MANAGING MEMBERS / MANAGERS   0.   MADDITIONS / CHANGES   0.   ADDITIONS	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOT	T Registered A	Agent signature require	d when reinstating)		DATE		
MAME   DE LEON, ERNESTO   STAPE   Delete   MAME   DE LEON, ERNESTO   STAPE   ADDRESS   STAPE   ADDRE			Make Check Payab	ole to Flor	ida Departme	ent of State				
NAME ADDRESS STREET A	9,	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIO	NS/CHANGES		·
1904 E MCBERRY ST	UILÉ	MGR	☐ Delete	HITE				·-	Change	☐ Addition
CHY ST 7F		1	. <del>-</del>							
MGRM ONCEPCION, TEMY ONCEPCION, TEMP ONCEPCION		· · · · · · · · · · · · · · · · · · ·								
NAME STREET ADDRESS CITY ST //P  TILL NAME STREET ADDRESS CITY ST //P  TILL NAME STREET ADDRESS CITY ST //P  TILLE NAME NAME STREET ADDRESS CITY ST //P  TILLE NAME NAME STREET ADDRESS CITY ST //P  TILLE NAME STRET								<u>.</u>	Change	☐ Addition
TILL		=	La boloto						C ourning o	E   National
THE CHange Addition  MAME  STREET ADDRESS  CITY-ST-/IP  THE Delete  THE DELETE ADDRESS  CITY-ST-/IP  THE DELETE ADDRESS  CITY-ST-/IP	STREET ADDRESS	8218 N FLORIDA AVE. #34		⇒IHE€ i	ADUMESS					
NAME STREET ADDRESS CITY ST /IP  THE Delete NAME STREET ADDRESS CITY ST /IP  Delete NAME STREET ADDRESS CITY ST /IP  Delete Delete Delete Delete DITE NAME STREET ADDRESS CITY ST /IP  Delete Delete DITE NAME STREET ADDRESS CITY ST /IP  DELET NAME STREET ADDRESS CITY ST /IP  THE INDRESS STREET ADDRESS S	CITY - ST - 71P	TAMPA FL 33604		<u></u> Uiγ-5	Ĭ - ZIP					
STREET ADDRESS CITY-ST-/IP  Delete Delete DOUGLESS-SOUGH - DIO SOLOD  TITLE NAME STREET ADDRESS CITY-ST-/IP  Delete Delete Delete Diff NAME STREET ADDRESS CITY-ST-/IP  Delete Delete Diff NAME STREET ADDRESS CITY-ST-/IP  TITLE Delete Delete Delete Diff NAME STREET ADDRESS CITY-ST-/IP  TITLE Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP  TITLE Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP  TITLE Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP  TITLE Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP  TITLE Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP  TITLE Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP TITLE Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP TITLE Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP TITLE Delete Delete Delete Delete DIFF NAME STREET ADDRESS CITY-ST-/IP TITLE Delete Delet			☐ Delete	8						☐ Addition
IDLE   Delete   Delet					*DODECC		000000	374583	<del>-</del>	. =:-
NAME SHRET ADDRESS CITY-SL-7/IP  IDLE Delete DIFF NAME SHRET ADDRESS CITY-SL-7/IP  IDLE Delete Delete DIFF NAME SHRET ADDRESS CITY-SL-7/IP  IDLE Delete Delete DIFF NAME NAME NAME SHRET ADDRESS CITY SL-7/IP  IDLET Delete Delete Delete DIFF NAME NAME NAME SHRET ADDRESS CITY SL-7/IP  IDLET ADDRESS CI							07/26/05-1	80006-010	3 50.00	
NAME SHRET ADDRESS CITY-SL-7/IP  IDLE Delete DIFF NAME SHRET ADDRESS CITY-SL-7/IP  IDLE Delete Delete DIFF NAME SHRET ADDRESS CITY-SL-7/IP  IDLE Delete Delete DIFF NAME NAME NAME SHRET ADDRESS CITY SL-7/IP  IDLET Delete Delete Delete DIFF NAME NAME NAME SHRET ADDRESS CITY SL-7/IP  IDLET ADDRESS CI	lure		Plate						Change	☐ Addition
CHY-SI-78P  CHY-SI			23 50000	1						
INTE  NAME  STREET ADDROSS  CITY: ST-ZIP  OF Delete  THE  NAME  STREET ADDROSS  CITY: ST-ZIP  OF Delete  THE  NAME  STREET ADDROSS  CITY: ST-ZIP  OF Delete  THE  NAME  STREET ADDROSS  CITY: ST-ZIP  THE TADDROSS  CITY: ST-ZIP  THE Example on this report is true and accurate and that my signature shall have the same logal effect as if made under costs, that I am a managing member or manager of the										
NAME  STREET ADDRESS CHY-ST-ZIP  THE  NAME  STREET ADDRESS CHY-ST-ZIP  THE  NAME  STREET ADDRESS CHY-ST-ZIP  THE TADDRESS					I - 7IP	·				
SIREFLANDROS CHY-SI-ZIP  MILE MAME SIREFLANDROS CHY-SI-ZIP  Delete MAMI NAME NAME NAME NAME NAME NAME NAME NAME			☐ Delete	ŀ					☐ Change	Addition
CITY-ST-ZIP  WITE  MAME  STREET ADDRESS  CITY ST-ZIP  TITE ADDRESS  CITY ST					ADDRESS					
NAME STREET ADDRESS CITY ST-ZIP  11. Underby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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					!					
NAME STREET ADDRESS CITY ST-ZIF  11. Utereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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	MFE		☐ Delete	TITLE	<del></del>	<u></u>			Change	Addition
11. Thereby 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 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	NAME			NAME					_ "	
11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 out, that I am a managing member or manager of the					·					
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 managing m		<u> </u>								, , <u>=</u>
	indicated	on this report is true and accurate and	that my signature shall have.	the same li	edal effect as if r	nade under o	ath that Iam a ma	es. I further cer naging membe	lify that the in er or manager	formation r of the