2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L02000020187

Entity Name: F & N INVESTMENT, L.L.C.

Current Principal Place of Business:

104 CRANDON BLVD.
SUITE # 414
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49-1527
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 56-2288677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T
50 WEST MASHA DRIVE STE. 4
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	HALEY AINVESTMENTS,	
Address:	260 CRANDON BLVD STE 32-PMB 124	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	MGRM	( ) Delete
Name:	CARRIBEAN ASSURANCE,	
Address:	2001 SW 97TH AVE	
City-St-Zip:	MIAMI, FL 33173	
Title:	MGRM	( ) Delete
Name:	KARDONSKI, ANNE L	
Address:	260 CRANDON BLVD STE 32-PMB 124	
City-St-Zip:	KEY BISCAYNE, FL 33149	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANNE L. KARDONSKI MGRM 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date