

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020827

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: PINA INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

14360 S.W. 37 STREET  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16-3655  
MIAMI, FL 331163655

**New Mailing Address:**

FEI Number: 13-4212834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PINA, ESTEBAN S  
14360 S.W. 37 STREET  
MIAMI, FL 33175 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: PINA, ESTEBAN S  
Address: 14360 SW 37 STREET  
City-St-Zip: MIAMI, FL 33175

Title: MGR ( ) Delete  
Name: PINA, ESTEBAN  
Address: 14360 SW 37 STREET  
City-St-Zip: MIAMI, FL 33175

Title: MGR ( ) Delete  
Name: PINA, GABRIEL  
Address: 14360 SW 37 STREET  
City-St-Zip: MIAMI, FL 33175

**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: ESTEBAN S PINA

MGR

03/14/2005

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