

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90177 013 ****55.00

DOCUMENT # L02000022177

1. Entity Name

FRANYIE INVESTMENT GROUP LLC



Principal Place of Business

10610 NW 27TH STREET
MIAMI FL 33172

Mailing Address

10610 NW 27TH STREET
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

33-1054137

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANYIE, LETICIA M
1066 NW 27 ST
MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable) *address*
10610 NW 27 ST. (Correction)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRANYIE, ANTONIO	
STREET ADDRESS	10610 NW 27TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRANYIE, LETICIA M	
STREET ADDRESS	10610 NW 27TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRANYIE, ANTONIO A	
STREET ADDRESS	10610 NW 27TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRANYIE, VIVIANA	
STREET ADDRESS	10610 NW 27TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Leticia Franyie

2/15/05

(305) 592-1360

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

Date

Daytime Phone #