

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022564

FILED  
Mar 01, 2004  
Secretary of State

Entity Name: RED WHITE & BLUE INVESTMENTS, " LLC, "

**Current Principal Place of Business:**

531 N OCEAN BLVD.  
STE. 201 C/O P B SAWHNEY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

531 N OCEAN BLVD.  
STE. 201 C/O P B SAWHNEY  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 13-4210105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHHABRA, SUJAN SINGH  
700 NW 37 AVE  
MIAMI, FL 33125 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: MGRM ( ) Delete  
Name: SAWHNEY, PANKAJ B  
Address: 531 N OCEAN BLVD. STE. 201 C/O SAWHNEY  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: VAIDYA, RAVI K  
Address: 531 N. OCEAN BLVD., SUITE 201 C/O SAWHNEY  
City-St-Zip: POMPANO BEACH, FL 33062

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: PANKAJ B. SAWHNEY

MGRM

03/01/2004

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