
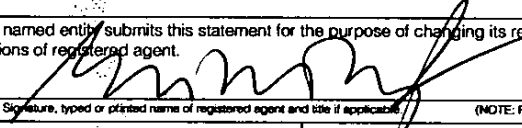
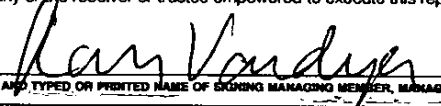


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90026 006 ****50.00

DOCUMENT # L02000022564 1. Entity Name RED WHITE & BLUE INVESTMENTS, " LLC, "					
Principal Place of Business 531 N OCEAN BLVD. STE. 201 C/O P B SAWHNEY POMPANO BEACH, FL 33062			Mailing Address 531 N OCEAN BLVD. STE. 201 C/O P B SAWHNEY POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 13-4210105				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHHABRA, SUJAN SINGH 700 NW 37 AVE MIAMI, FL 33125			Name BILL SAWHNEY Street Address (P.O. Box Number is Not Acceptable) 531 N. Ocean Blvd, 201 City Pompano Bch FL Zip Code 33062		
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  DATE 01/15/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAWHNEY, PANKAJ B <input checked="" type="checkbox"/> Delete 531 N OCEAN BLVD. STE. 201 C/O SAWHNEY POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SACHIN SAWHNEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 531 N. OCEAN Blvd, 201 POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAIDYA, RAVI K <input type="checkbox"/> Delete 531 N. OCEAN BLVD., SUITE 201 C/O SAWHNEY POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAWHNEY, SACHIN <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 1/14/05 954 Daytime Phone # 701 0144		