


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000023551 1. Entity Name LATVIAN INVESTMENT, L.L.C. |  |
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|---|---|
| Principal Place of Business 614 SOUTH OWL DRIVE SARASOTA, FL 34236 | Mailing Address 614 SOUTH OWL DRIVE SARASOTA, FL 34236 |
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01152004 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 14-1846112 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent KANE, ELITA 614 SOUTH OWL DRIVE SARASOTA, FL 34236 | DO NOT WRITE IN THIS SPACE |
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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** _____


**Filing Fee is \$50.00
Due by May 1, 2004**

000000028529
02/04/04-80030-005 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KANCANS, VIKTORS 614 SOUTH OWL DRIVE SARASOTA, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KANE, ELITA 614 SOUTH OWL DRIVE SARASOTA, FL 34236 |
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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:  **Viktors Kancans** **2/17/04** **941-906-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #