
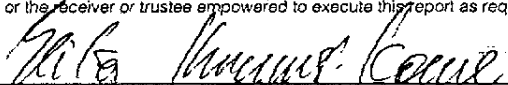


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |
|---|---|--|
| <b>DOCUMENT # L02000023551</b>  |   |         |
| 1. Entity Name<br>LATVIAN INVESTMENT, L.L.C.  |   |  |
| Principal Place of Business<br>614 SOUTH OWL DRIVE<br>SARASOTA, FL 34236  | Mailing Address<br>614 SOUTH OWL DRIVE<br>SARASOTA, FL 34236          |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   | 01112005No Chg-LLC CR2E083 (10/03)   |
|   |   | 4. FEI Number<br>14-1846112<br>Applied For<br>Not Applicable                             |
|   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent<br><br>KANE, ELITA<br>614 SOUTH OWL DRIVE<br>SARASOTA, FL 34236   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature typed or printed name of registered agent and title if applicable. DATE _____  |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   | 000000214174<br>02/04/05-80002-001 \$0.00  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>KANCANS, VIKTORS<br>614 SOUTH OWL DRIVE<br>SARASOTA, FL 34236 | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>KANE, ELITA<br>614 SOUTH OWL DRIVE<br>SARASOTA, FL 34236      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  |   | Date _____ Daytime Phone # _____   |