

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90234 029 \*\*\*\*50.00

<b>DOCUMENT # L02000025810</b>					
<b>1. Entity Name</b> ACHIEVING INDEPENDENT SUCCESS INVESTMENT, LLC					
<b>Principal Place of Business</b> 14321 SW 88TH ST., UNIT 209F MIAMI, FL 33186			<b>Mailing Address</b> P.O. BOX 164154 MIAMI, FL 33116		
<b>2. Principal Place of Business</b> 13951 SW 66th Street Suite, Apt. #, etc. # 301-A City & State MIAMI, FLORIDA Zip 33183 Country USA		<b>3. Mailing Address</b> Suite, Apt. #, etc.  City & State  Zip  Country  		24006622  	
<b>4. FEI Number</b> 54-2079150		01102004    Chg-LLC    CR2E083 (10/03)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> TEJEDA, ESTEBAN R 14321 SW N. KENDALL DR., UNIT 209F MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 13951 SW 66th Street # 301-A City MIAMI <b>FL</b> Zip Code 33183		
<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.</b> SIGNATURE:     DATE: 11/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEJEDA, STEVEN <del>14321 SW 88TH ST #209F</del> MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13951 SW 66th St #301-A MIAMI, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEJEDA, DANA 14321 SW 88TH ST #209F MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13951 SW 66th St #301-A MIAMI, FL 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>			1/13/04    (305) 481-9181		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		