

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90383 016 ****50.00

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03042005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000026151 1. Entity Name PAROLARI INVESTMENTS, LLC						
Principal Place of Business 3896 SW 107 AVE MIAMI, FL 33165			Mailing Address 3896 SW 107 AVE MIAMI, FL 33165			
2. Principal Place of Business 11877 SW 38 TER Suite, Apt. #, etc.		3. Mailing Address 11877 SW 38 TER Suite, Apt. #, etc.				
City & State MIAMI FL Zip Country 33175 USA		City & State MIAMI FL Zip Country 33175 USA		4. Filing Fee 951-73-3320 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 BENITEZ, ALICIA CPA 3896 SW 107 AVE MIAMI, FL 33165		
7. Name and Address of New Registered Agent Name ALICIA BENITEZ CPA PA Street Address (P.O. Box Number is Not Acceptable) 11877 SW 38 TER City MIAMI FL Zip Code 33175				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 3/15/05 <small>Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating)</small> DATE		
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	MGR PAROLARI, OSVALDO F 3896 SW 107 AVE MIAMI, FL 33165	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: 3/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					<small>Date</small>	<small>Daytime Phone #</small>