

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000028333**

1. Entity Name  
 ILOVIVA INVESTMENTS, LLC



Principal Place of Business  
 500 NW 24 ST.  
 MIAMI, FL 33127

Mailing Address  
 500 NW 24 ST.  
 MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
 22-3881659

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

BALLESTAS, VICTOR  
 500 NW 24 ST.  
 MIAMI, FL 33127

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

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

UN00000070469  
 03/01/04-80042-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, VICTOR 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, METTE 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, VICTOR MANUEL 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, IVONNE M 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, LOREN 500 NW 24 ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLESTAS, VANESSA 500 NW 24 ST. MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**

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:** *Victor Ballestas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_