

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028462

Entity Name: EBR INVESTMENTS L.L.C.

FILED
Mar 21, 2005
Secretary of State

Current Principal Place of Business:

531 NORTH OCEAN BLVD.
APT. 802
POMPANO, FL 33062

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 16-1635207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RODRIGUEZ, ELVIRA B
Address: 531 NORTH OCEAN BLVD. APT. 802
City-St-Zip: POMPANO, FL 33062

Title: MGR () Delete
Name: RODRIGUEZ, SILVIA
Address: 531 NORTH OCEAN BLVD. APT. 802
City-St-Zip: POMPANO, FL 33062

Title: MGR () Delete
Name: RODRIGUEZ, JORGE L
Address: 531 NORTH OCEAN BLVD. APT. 802
City-St-Zip: POMPANO, FL 33062

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SILVIA RODRIGUEZ

MGR

03/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date