

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90110 049 ****55.00

DOCUMENT # L02000029309
 1. Entity Name
 MFE INVESTMENTS, LLC



Principal Place of Business Mailing Address
 1643 BRICKELL AVE 1643 BRICKELL AVE
 2201 2201
 MIAMI, FL 33129 MIAMI, FL 33129

24004805



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01142004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
 ELIZEE, MARIE FELIXE
 1643 BRICKELL AVE
 APT #2201
 MIAMI, FL 33129

4. FEI Number Applied For
 06-1668472 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *MARIE FELIXE ELIZEE* Director *[Signature]* 1/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refiled.) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, MARIE FELIXE <input checked="" type="checkbox"/> Delete 13615 SOUTH DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, FRANCOISE <input checked="" type="checkbox"/> Delete 13615 SOUTH DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZES, PATRICIA <input checked="" type="checkbox"/> Delete 13615 SOUTH DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIE FELIXE ELIZEE 1643 BRICKELL AVE, #2201 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANCOISE ELIZEE 848 BRICKELL KEY DRIVE, #2405 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATRICIA ELIZEE 848 BRICKELL KEY DRIVE, #2405 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* MARIE ELIZEE 1/21/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #