


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 1643 BRICKELL AVE 2201 MIAMI, FL 33129	Mailing Address 1643 BRICKELL AVE 2201 MIAMI, FL 33129
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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)

4. FEI Number 06-1668472	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELIZEE, MARIE FELIXE 1643 BRICKELL AVE APT #2201 MIAMI, FL 33129		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 <i>MARIE FELIXE ELIZEE</i> Signature, typed or printed name of registered agent and title if applicable.	Director (NOTE: Registered Agent signature required when re-registering) DATE 1/21/04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, MARIE FELIXE 13615 SOUTH DIXIE HIGHWAY MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIE FELIXE ELIZEE 1643 BRICKELL AVE, #2201 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, FRANCOISE 13615 SOUTH DIXIE HIGHWAY MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCOISE ELIZEE 848 BRICKELL KEY DRIVE, #2405 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, PATRICIA 13615 SOUTH DIXIE HIGHWAY MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICIA ELIZEE 848 BRICKELL KEY DRIVE, #2405 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>MARIE ELIZEE</i>	MARIE ELIZEE	1/21/2004
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #