


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029309**

1. Entity Name  
**MFE INVESTMENTS, LLC**



Principal Place of Business <b>1643 BRICKELL AVE          2201          MIAMI, FL 33129</b>	Mailing Address <b>1643 BRICKELL AVE          2201          MIAMI, FL 33129</b>
--	--



01132005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**ELIZEE, MARIE FELIXE  
 1643 BRICKELL AVE  
 APT #2201  
 MIAMI, FL 33129**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

U00000220382  
 02/08/05 30089-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, MARIE FELIXE 1643 BRICKELL AVE #2201 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, FRANCOISE 848 BRICKELL KEY DRIVE #2405 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZEE, PATRICIA 848 BRICKELL KEY DRIVE #2405 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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:** MARIE F. ELIZEE 1/15/05

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