

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90098 009 *****55.00

DOCUMENT # L02000029309

1. Entity Name

MFE INVESTMENTS, LLC



Principal Place of Business

13615 SOUTH DIXIE HIGHWAY
#114-514
MIAMI FL 33176

Mailing Address

13615 SOUTH DIXIE HIGHWAY
#114-514
MIAMI FL 33176

2. Principal Place of Business

1643 BRICKELL AVE
#2201

3. Mailing Address

1643 BRICKELL AVE
#2201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33129 USA

33129 USA

4. FEI Number

06-1668472

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIZEE, MARIE FELIXE
13615 SOUTH DIXIE HIGHWAY
#114-514
MIAMI FL 33176

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARIE FELIXE ELIZEE 7/31/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ELIZEE, MARIE FELIXE
STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME ELIZEE, FRANCOISE
STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME ELIZEE, PATRICIA
STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/31/03

Date

Daytime Phone #

CR2E083 (4/03)