


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2004 90070 038 ****50.00

DOCUMENT # L02000033302

1. Entity Name
FLOWER INVESTMENTS, LLC



Principal Place of Business: **2121 PONCE DE LEON BLVD SUITE 900 CORAL GABLES, FL 33134**

Mailing Address: **2121 PONCE DE LEON BLVD SUITE 900 CORAL GABLES, FL 33134**

2. Principal Place of Business: **2605 PONCE DE LEON BLVD**

3. Mailing Address: **2605 PONCE DE LEON BLVD**


Suite, Apt. #, etc.

City & State: **CORAL GABLES, FL**

City & State: **CORAL GABLES, FL**

Zip: **33134** Country: **U.S.**

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04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number: **16-1654113** Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRESCOTT, ROBERT L
2121 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES, FL 33134

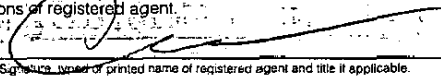
7. Name and Address of New Registered Agent

Name: **TRESCOTT DEWCKER JASALLO PL**

Street Address (P.O. Box Number is Not Acceptable): **2605 PONCE DE LEON BLVD**

City: **CORAL GABLES** State: **FL** Zip Code: **33134**

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, 2004

Make check payable to Florida Department of State

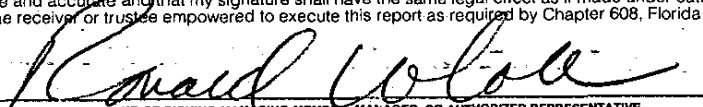
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	COLE, RONALD W	
STREET ADDRESS	PO BOX 5271	
CITY-ST-ZIP	ENGLEWOOD, CO 80155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **4/23/04**

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