


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000033302 1. Entity Name FLOWER INVESTMENTS, LLC	
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Principal Place of Business 2605 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	Mailing Address 2605 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US
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02282005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1654113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

TRESCOTT DRUCKER JASALLO PL
2605 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

6. 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 reappointing)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, RONALD W PO BOX 5271 ENGLEWOOD, CO 80155
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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: Ronald Cole 2/28/05 303 2205594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #