2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # L02000034057 1. Entity Name **FURST FAMILY INVESTMENTS LLC** Principal Place of Business COPUPET FLORIDA ASSET MANAGEMENT, LLC COPLEST FLORIDA ASSET MANAGEMENT, LLC 6542 HYPOLUXOFOAD #284 6542 HMPQLUXOFOAD #284 LAKEWORTH FL 33131 LAKEWORTH FL 33131 CR2E083 (10/03) 04152005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 81-0586408 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAPOTE, BEATRIZ M ESQ 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131 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. 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 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FURSTEIN, MARC K NAME 6542 HYPOLUXO ROAD, #284 STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE 04/27/05-80163-002 SO.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath, 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:

Macc K. Fusher.

Date

CITY-ST-ZIP

SIGNATURE AND TYPED OF