2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

		ANNUAL R	FILED							
1. Entity Nam	ne	# L0300000023	32			F		, 2004 08:00 AM retary of State		
NIADA IIN	VESTIVIE	NT GROUP, LLC						-		
Principal Plac	e of Busines	5	Mailing Address	Mailing Address		1				
16823 EAST POINT DRIVE SUGARLOAF KEY FL 33042			16823 EAST POINT DRIVE SUGARLOAF KEY FL 33042							mmul 276 65mv1
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MC	OORE	CR2E08	3 (11/03)	
City & State			City & State			4. FEI Number	Note the reduced to which the		}	oplied For ot Applicable
Zíp	Country 6. Name and Address of Current I		Zip Registered Agent			Certificate of Sta Name and Add		<u></u>	\$5.00 Add Fee Require	
	o. Name	and Address of Content	Name	7. Name and Add	ess of New 11	egisteled /	agent			
168	23 EAST	AYMOND DEAN POINT DRIVE		Street Address			lot Acceptable) }		
SUGARLOAF KEY FL 33042										
					City			FL	Zip Code	е
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	d Agent signature required	d when reinstating)		DATE				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004										
9.		MANAGING MEMBE		10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR WALTERS	RAYMOND DEAN	☐ Delete	TITLI NAM	J				☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	16823 EAS	ST POINT DRIVE AF KEY FL 33042		STRE	EET ADDRESS -ST-ZIP					= 7
TIFLE	MGR	041/224	☐ Delete	TITL	1				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	16823 EAS	SANDRA KAY ST POINT DRIVE AF KEY FL 33042		1	E ET ADDRESS -ST-ZIP	02	U0000000 2/12/04-8		106 50.C	n
TITLE	MGR		☐ Delete	TITU	E			<u> </u>	Change	Addition
NAME STREET ADDRESS	WEISS, FR	ANK E 119TH STREET		NAM STRE	E TET ADDRESS					
CITY-ST-ZIP	MIAMI FL	33176	-	CMY	- ST- ZIP					
TITLE NAME	MGR WEISS, P.	JEANNINE	☐ Delete	TITU NAM					Change	Addition
STREET ADDRESS CITY+ST-ZIP	i '	119TH STREET		STRE	ET ADORESS - ST-ZIP					_
TITLE	1		☐ Delete	TITU					☐ Change	Addition
NAME STREET ADDRESS	-			i i	ET ADDRESS					
CITY-S1-ZIP TITLE			☐ Delete	TITLE	- ST-ZIP				Change	Addition
NAME				NAM	E					
STREET ADDRESS CITY-ST-2IP				CITY	ET ADDRESS -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.										
SIGNAT	URE:	Day &	Thees			2-9-04		25-74	5-14	109
	SIGNATURE A	AND TYPE OR PRINTED NAME OF	f signing managing member, m	ANAGER, OR	AUTHORIZED REPRESE	NTATIVE	Dale	Q	aytime Phone #	