2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
05-12-2005 90031 021 ****50.00

DOCUMENT # L03000005170

1. Entity Name
8881 INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
11401 SW 40TH STREET, STE. 365 MIAMI, FL 33165	11401 SW 40TH STREET, STE. 365 MIAMI, FL 33165

04122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
8881 N.W. 18th Terr.		c/o William J. Spratt, Jr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201 S. Biscayne Blvd..#2000	
City & State: Miami, Florida		City & State: Miami, Florida'	
Zip: 33172	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 75-3103484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, JULIO
11401 SW 40TH STREET, STE. 365
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name: William J. Spratt, Jr., Esq.
Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd., #2000
City: Miami FL Zip Code: 33131

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	GARCIA, JULIO		NAME	Julio Garcia, M.D.	
STREET ADDRESS	11401 SW 40TH STREET, STE. 365		STREET ADDRESS	8881 N.W. 18th Terrace	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	Miami, Florida 33172	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 4/21/05 305-856-6753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #