## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** May 20, 2004 8:00 am Secretary of State 05-04-2004 90027 033 \*\*\*\*50.00

DOCUMENT # L03000010036  1. Entity Name TICA INVESTMENTS, L.L.C.						03-04-2004 90027 033 *** 30.00	
Principal Place of Business 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325			Mailing Address 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325			34006918	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272004 Chg-LLC CR2E083 (10/03)	•
City & State			City & State			4. FEI Number 20 - 0141408   Applied For   Nor Applicable	
Zip	Zip Country		Zip Count		try	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent	
JEDROV LEONADO E					Name		
ZEDECK, LEONARD E. 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325			<del></del>	-	Street Address (	(P.O. Box Number is Not Acceptable)	
				:	City	FL Zip Code	
			the purpose of changing its	register	ed office or registe	red 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Filing Fee is \$50.00 Due by May 1, 2004						Make check payable to Florida Department of State	
9.		MANAGING MEMBER	IS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE			☐ Delete	rm_		Change Addition	
NAME				NAM		nacM310#1	
STREET ADDRESS CITY-ST-ZIP		•,			ET ADDRESS 1374	90 NW 4 St. 17 11 D	
TITLE			☐ Delete	TITL		. Change Addition	
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NAME				NAM	E		
STREET ADDRESS CITY-ST-2IP					ET ADDRESS -ST-ZIP		
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HALE			,	NAM	E		
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TIFLE			☐ Delete 11TLE		-	☐ Change ☐ Addition	
NAME STREET ADDRESS	ļ			NAM STR	EET ADDRESS	ļ	į
CITY-ST-ZIP				CITY	-ST-ZIP		ĺ
11. I hereby certify that the information supplied with this filling 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 a managing in the indicated on this report is true and accurate and that my signature shall have a managing member or manager of the limited liability company of the 150 lives or trustee empowered to execute this apport as required by Chapter 608, Florida Statutes.							
	//	1 ///				HOSINY GAHINTTOTA	1
SIGNATURE SIGNATURE AND TYPED OF FRUITED HAVE OF SIGNERS MANAGER, OR AUTHORIZED REPRESENTATIVE DE DAY THE DESCRITATIVE							

Michael Bilotti