


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010036		
1. Entity Name TICA INVESTMENTS, L.L.C.		

Principal Place of Business 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325	Mailing Address 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 MAY -2 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Roberts MAY 10 2005



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0141408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZEDECK, LEONARD E 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	


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	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILOTTI, MICHAEL 13790 NW 4 ST #11-B FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: 	Date: 4/21/05	Daytime Phone #: 934-467-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Michael Bilotti		