

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000013364

1. Entity Name

331-120 AVENUE INVESTMENT, L.L.C.

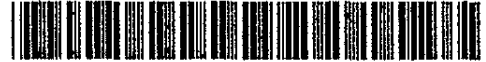


Principal Place of Business

**10000 BROAD CHANNEL DR
MIAMI, FL 33157**

Mailing Address

**P.O. BOX 972704
MIAMI, FL 33157**



03052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0467040

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRACHER, DOUGLAS J
317 N. KROME AVENUE
HOMESTEAD, FL 33030**

**DO NOT WRITE
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.

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**

**U00000256997
03/09/05-80033-025 50.00**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME WELLS, STEPHANIE L
STREET ADDRESS 10000 BROAD CHANNEL DR.
CITY-ST-ZIP MIAMI, FL 33157**

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CITY-ST-ZIP**

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IN THIS SPACE**

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: Stephanie L. Wells STEPHANIE L. WELLS 3/5/05 305-232-7189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #