


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L03000013367**  
 1. Entity Name  
 540-119 AVENUE INVESTMENT, L.L.C.



Principal Place of Business      Mailing Address  
 10000 BROAD CHANNEL DR.      P.O. BOX 972704  
 MIAMI, FL 33157                      MIAMI, FL 33197

**DO NOT WRITE IN THIS SPACE**



03052005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 51-0467031      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

000000257287  
 03/09/05-80047-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLS, STEPHANIE L 10000 BROAD CHANNEL DR. MIAMI, FL 33157
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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)(f), 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 806, 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 #