

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

04-30-2004 90075 027 ****50.00

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1. Entity Name
B2B INVESTMENTS, L.L.C.



Principal Place of Business
**9100 SOUTH DADELAND BLVD.
ONE DATRAN CENTER, STE. 910
MIAMI, FL 33156**

Mailing Address
**9100 SOUTH DADELAND BLVD.
ONE DATRAN CENTER, STE. 910
MIAMI, FL 33156**

34008822



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
83-0356490

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent--

7. Name and Address of New Registered Agent

**GRUBER, PETER G ESQ.
9100 SOUTH DADELAND BLVD.
ONE DATRAN CENTER, STE. 910
MIAMI, FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents 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 MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LOPEZ, CARY O PO BOX 800052 AVENTURA, FL 33280	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM Peter G. Gruber 9100 S. Dadeland Blvd., Ste. 910 Miami, FL 33156	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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

Date

Daytime Phone #

Peter G. Gruber
Peter G. Gruber

4/23/04