


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90002 030 *****50.00

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|---|---|--|--|--|---|
| DOCUMENT # L03000014751 1. Entity Name V INVESTMENTS LLC | | | |  | |
| Principal Place of Business 5455 S.W. 8 STREET SUITE 220 MIAMI, FL 33144 US | | | Mailing Address P.O. BOX CORAL GABLES, FL 33114 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 96 Vidal M. VELIS Suite, Apt. #, etc. P.O. Box 14-0729 | | 04302004 Chg-LLC CR2E083 (10/03) | |
| City & State | | City & State CORAL GABLES, FL. | | 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip | Country | Zip 33134 | Country U.S.A. | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VELIS, VIDAL M OCEAN BANK BUILDING, SUITE 220 782 N.W. LEJEUNE ROAD MIAMI, FL 33126 | | | | 7. Name and Address of New Registered Agent Name VIDAL MARINO VELIS Street Address (P.O. Box Number is Not Acceptable) 96 JESUS F. BUJAN, ESQ 782 NW LEJEUNE ROAD Suite 530 City MIAMI FL Zip Code 33126 | |
| 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 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-ST-ZIP | MGR VELIS, VIDAL M P.O. BOX 14-0729 CORAL GABLES, FL 33114 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: <i>Vidal M. Velis</i> | | | | 4-30-04 (305) 444-1148 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |