2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-05-2005 90021 041 ****50.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L03000014751

1. Entity Name
V INVESTMENTS LLC

Principal Place of Business	Mailing Address
5455 S.W. 8 STREET SUITE 220 MIAMI, FL 33144 US	%VIDAL M. VELIS P.O. BOX 14-0729 CORAL GABLES, FL 33134 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 421664147 ~~NOT APPLICABLE~~ ☐ Applied For ☐ Not Applicable

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
VELIS, VIDAL M %JESUS F. BUJAN ESQ. 782 N.W. LEJEUNE ROAD SUITE 530 MIAMI, FL 33126	Name: Vidal MARINO VELIS Street Address (P.O. Box Number is Not Acceptable): 5455 SW 8 STREET SUITE 220 City: MIAMI, FL Zip Code: 33134

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] Vidal MARINO Velis 4/28/05
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

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER VIDAL MARINO VELIS P.O. BOX 14-0729 CORAL GABLES, FL. 33114	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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] Vidal MARINO Velis 4/28/05 (305) 444-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #