


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90041 043 ****50.00

DOCUMENT # L03000015656	
1. Entity Name ACT INVESTMENTS LLC	

Principal Place of Business 3785 NW 82ND AVENUE, SUITE 208 MIAMI, FL 33166	Mailing Address 3785 NW 82ND AVENUE, SUITE 208 MIAMI, FL 33166
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20057058



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

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0022162		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GOUZALEZ, ROBERT 3785 NW 82ND AVENUE, SUITE 208 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Alfredo Vizcarrondo Street Address (P.O. Box Number is Not Acceptable) 3785 NW 82 Ave. #208 City Miami FL Zip Code 33166

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 *Alfredo Vizcarrondo* DATE *4/28/05*
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM GOUZALEZ, ROBERT 3785 NW 82ND AVENUE, SUITE 208 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gonzalez Robert 3785 NW 82 Ave. #208 Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIZCARRONDO, ALFREDO 3785 NW 82ND AVENUE, SUITE 208 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vizcarrondo Alfredo 3785 NW 82 Ave #208 Miami, FL 33166 <input checked="" 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
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
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
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

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 *Alfredo Vizcarrondo* MGRM-4/28/05 305-6889694 ✓
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #