

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022697

Entity Name: 535 INVESTMENT, LLC

FILED  
Apr 24, 2005  
Secretary of State

**Current Principal Place of Business:**

535 CASSAT AVENUE  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

535 CASSAT AVENUE  
JACKSONVILLE, FL 32254 US

**New Mailing Address:**

FEI Number: 20-0061691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NGUYEN, CHUONG T  
2307 W. CLOVELLY LN  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

LU, HIEP H  
535 CASSAT AVE  
JACKSONVILLE, FL 32254 US

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.

SIGNATURE: HIEP H LU

04/24/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NGUYEN, CHUONG T  
Address: 8787 SOUTHSIDE BLVD, #4318  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR (X) Delete  
Name: LU, HIEP H  
Address: 2439 SPRING BELL RD  
City-St-Zip: JACKSONVILLE, FL 32246 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LU, HIEP H  
Address: 535 CASSAT AVE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HIEP H LU

MGRM

04/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date