


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90151 028 ****50.00

DOCUMENT # L03000023049	
1. Entity Name BEST FRIENDS INVESTMENTS, LLC	

Principal Place of Business 3450 PINE WALK DRIVE N #417 MARGATE, FL 33063	Mailing Address 3450 PINE WALK DRIVE N #417 MARGATE, FL 33063
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2. Principal Place of Business 9261 SW 16 th Rd W Suite, Apt. #, etc.	3. Mailing Address 9261 SW 16 th Rd W Suite, Apt. #, etc.
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City & State Boca Raton - FL	City & State Boca Raton - FL
Zip 33428	Country USA



04302004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	
TAX HOUSE CORPORATION 1261 E SAMPLE ROAD POMPANO BEACH, FL 33064	

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTA ANA, MAURICIO X 3452 PINE WALK DRIVE N #417 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTA ANA, MAURICIO 9261 SW 16 th Rd W BOCA RATON - FL - 33428 <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
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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: Mauricio Santa Ana **MAURICIO SANTA ANA** 04/29/04 (954) 553-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #