
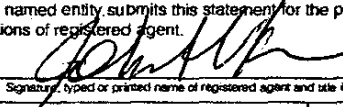
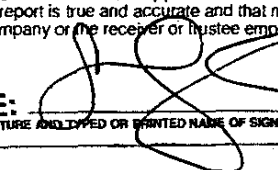


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90068 044 \*\*\*\*55.00

<b>DOCUMENT # L03000025447</b> 1. Entity Name <b>CERES INVESTMENTS, LLC</b>					
Principal Place of Business <b>5690 NORTH BROOKGREEN DRIVE CRYSTAL RIVER, FL 34428</b>			Mailing Address <b>5690 NORTH BROOKGREEN DRIVE CRYSTAL RIVER, FL 34428</b>		
2. Principal Place of Business <b>5690 North Brookgreen Dr.</b>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Crystal River, FL 34428</b>		City & State <i>same</i>		4. FEI Number <b>13-425-8043</b>	
Zip <b>34428</b>		Country <b>Citrus</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YBARRA, JOHN 5690 NORTH BROOKGREEN DRIVE CRYSTAL RIVER, FL 34428</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <b>John Ybarra</b>  <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 20%;"> <b>4/26/04</b>  <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2004		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>manager John Ybarra 5690 N Brookgreen Dr Crystal River, FL 34428</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Crystal River, FL 34428</b>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>manager Stacy Ybarra 5690 N. Brookgreen Dr Crystal River, FL 34428</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Crystal River, FL 34428</b>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 		<b>Stacy A. Ybarra</b> <b>4/26/04</b> <b>352-563-5882</b> <small>Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					