

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

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

DOCUMENT # L03000025447			
1. Entity Name CERES INVESTMENTS, LLC			
Principal Place of Business 5690 NORTH BROOKGREEN DRIVE CRYSTAL RIVER, FL 34428		Mailing Address 5690 NORTH BROOKGREEN DRIVE CRYSTAL RIVER, FL 34428	
2. Principal Place of Business <i>5690 North Brookgreen Dr.</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Crystal River, FL 34428</i>		City & State <i>same</i>	
Zip <i>34428</i>	Country <i>Citrus</i>	Zip	Country
6. Name and Address of Current Registered Agent YBARRA, JOHN 5690 NORTH BROOKGREEN DRIVE CRYSTAL RIVER, FL 34428		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 <i>[Signature]</i>		SIGNATURE <i>John Ybarra</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
DATE <i>4/26/04</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<i>manager</i>	TITLE	
NAME	<i>John Ybarra</i>	NAME	
STREET ADDRESS	<i>5690 N Brookgreen Dr</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Crystal River, FL 34428</i>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<i>manager</i>	TITLE	
NAME	<i>Stacy Ybarra</i>	NAME	
STREET ADDRESS	<i>5690 N. Brookgreen Dr</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Crystal River, FL 34428</i>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: <i>[Signature]</i>		SIGNATURE <i>Stacy A. Ybarra</i>	
Signature typed or printed name of signing managing member, manager, or authorized representative		(NOTE: Registered Agent signature required when re-registering)	
DATE <i>4/26/04</i>		DATE	
352-563-5882		352-563-5882	
Daytime Phone #		Daytime Phone #	

24057257



03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-425-8043

5. Certificate of Status Desired \$5.00 Additional Fee Required