

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032383

FILED
Apr 29, 2004
Secretary of State

Entity Name: MAUMAR INVESTMENTS, LLC

Current Principal Place of Business:

14245 NW 19TH STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

14245 NW 19TH STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, MAURICIO
14245 NW 19TH STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

FERREIRA, MARCELA
14245 NW 19TH STREET
PEMBROKE PINES, FL 33028 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: MARCELA FERREIRA

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ALVAREZ, MAURICIO
Address: 14245 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM () Delete
Name: FERREIRA, MARCELA
Address: 14245 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERREIRA, MARCELA
Address: 14245 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM (X) Change () Addition
Name: ALVAREZ, MAURICIO
Address: 14245 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: MARCELA FERREIRA

MGRM

04/29/2004

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