2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

5. Certificate of Status Desired	1. Entity Nam	MENT # L030000 investments, llc	033520		Se	cretary of State
DO NOT WRITE IN THIS SPACE CR2E083 (10/03)	1 '	_	•			
DO NOT WRITE IN THIS SPACE 4. FEI Number 11-5702933 Applied For Not Applicable 11-5702933 Not Applied For Not Appli				2		
## Applied For International Process of Current Registered Agent Second		- Tall and the second of the s				
S. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent RONES, VICTOR K 18105 NE 18TH AVE. NO. MIAM! BEACH, FL 33162 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 spint. SIGNATURE Signature, typed or pinted name of registered spint and like 7 applicable. PRINTING Pee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MOR GRUENWURZEL, SONIA SIRET ADDRESS CITY-ST-2P NORTH MIAM! BEACH, FL 33162 TREE NORTH MIAM! BEACH, FL 33162		A NOT WO!	EE IN THIS ODA	^	01142005No Chg-LLC	CR2E083 (10/03)
5. Certificate of Status Desired		O NOI WHI	ie in ihis spa	CE		Applied For Not Applicable
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IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bits if noolicable. (NOTE, Registered Agent alignature required when rehostating) DATE Filling Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS ITILE MMCR GRUENWURZEL, SONIA 1610S NE 18TH AVE NORTH MIAMI BEACH, FL 33162 TITLE NAME SITECT ADDRESS CITY-ST-2P ITILE NAME NORTH MIAMI BEACH, FL 33162		6. Name and Address of Cui	rrent Registered Agent			
the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title of epolicable. (NOTE, Registered Agent signature required when relocating) DATE Filling Fae is \$50.00 Due by May 1, 2005 INCUDIO229636 INCUDIO0229636 IN	16105 NE 18TH AVE.			, "		==
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 🖄 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ER, OR AUTHORIZED REPRESENTATIVE

SON IA GRUGULUSURZEL 2-8-05

DO NOT WRITE

IN THIS SPACE

305 - 343 9300 Daytime Phone #