


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000084306</b> 1. Entity Name <b>D &amp; V INVESTMENTS, LLC</b>	
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Principal Place of Business <b>248 E. BOCA RATON ROAD BOCA RATON, FL 33432</b>	Mailing Address <b>C/O FREDERIC BARTHE 2455 E. SUNRISE BLVD. #602 FORT LAUDERDALE, FL 33304</b>
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01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>20-0292845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTHE & LEIGH LLP  
2455 E. SUNRISE BLVD  
602  
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

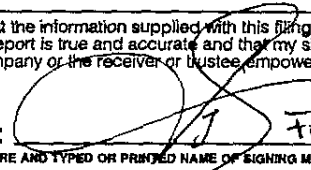
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANRYMENANT, FABIENNE 248 EAST BOCA ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEGROOF, FRANCIS 248 EAST BOCA ROAD BOCA RATON, FL 33432
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03/30/05-80045-005 50.00

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:**  **FRANCIS DEGROOF** **3/16/05** **5619396306**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #