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Secretary of State
04-19-2004 90031 041 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

24046519

DOCUMENT # L03000035534

1. Entity Name
EDIPAT INVESTMENTS LLC

Principal Place of Business	Mailing Address
9710 NORTH KENDALL DR. MIAMI, FL 33176	9710 NORTH KENDALL DR. MIAMI, FL 33176

04062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
9710 SW 88 ST.	9710 S.W. 88 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI FL. 33176	MIAMI FL.
City & State	City & State
	33176
Zip / Country	Zip / Country

4. FEI Number 83-0371060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRITO, LEONARDO F 1001 BRICKELL BAY DR, STE. 2112 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RODRIGUEZ, EDITH CLARO 9710 NORTH KENDALL DR. MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SALAZAR, PATRICIO 9710 NORTH KENDALL DR. MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALAZAR, CHRISTOPHER 9710 NORTH KENDALL DR. MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Katherine Vargas 9710 North Kendal Dr. Miami FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ April 14/04 305-279-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #