## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000036168

## FILED Jun 01, 2004 8:00 am Secretary of State

1. Entity Name		MEN TO A	03-12-2004 90	0228 003 ****50.00	
B-MAX INVESTMENTS, LLC.	e e e e e e e e e e e e e e e e e e e				
The state of the s					
Principal Place of Business 12 (20)	Mailing Address	1			
1000 PONCE DE LEON BLVD.	1000 PONCE DE LEON BLV	D		ក់ម៉ាតិពិធ	
SUITE: 328 SUITE: 328 CORAL GABLES FL 33134 CORAL GABLES FL 33134			340	07899-	
US CONTRACTOR OF THE PROPERTY	US		l sanan an anna marman an ann a	THE PERSON STATES COLOR (11010 STATE) TOTATE AN EARLY	
2. Principal Place of Business	3. Mailing Address:	7 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			
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Suite, Apt. #. etc.	Suite, Apt. #, etc.		MOORE	CR2E083 (11/03)	
City & Stale	City & State	T)	4. FEI Number	Applied For	
Coral Gables Florida	Coral Gables	<u>Florida</u>	20-028/1	Not Applicable  \$5.00 Additional	
33134 MUSA	133134	USA	5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Re	jistered Agent	
SOTO GARCIA, NANCY		Name	Name		
= 1000 PONCE DE LEON BLVD.		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE: 328 CORAL GABLES FL 33134			······································		
OOTHE CADELOTE 33134		City-		Zip Code	
B. The above several entity submits this statement (	or the purpose of changing its regist		end agont or both in the Ciate of Flori	<u> FL</u>	
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 agen	and title if applicable. (NOTE Registe	ered Agent signature require	on when re-nstating)	DATE	
FILE NOW!!! FEE IS \$50.00					
Make Check Payable to Florida Department of State  Due By May 1, 2004					
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MANAGING MEMB		<b>o.</b> ரட்ட <sup>ு</sup>	ADDITIONS/C	Change Addition	
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SIRET ADDRESS 1000 PONCE DE LEON BLVD. SUIT E: 328		TREET ADDRESS			
CORAL GABLES FL 33134		ITY-ST-ZIP -	* · · · · · · · · · · · · · · · · · · ·		
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CITY-ST-ZIP CORAL GABLES FL 33134		ITY-ST-ZIP			
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CITY-ST-ZIP		ITY-ST-ZIP	<u> </u>		
TITLE		ITLE		Change Addition	
NAME STREET ADDRESS		IAME STREET ADDRESS		• !	
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied wi	th this filing does not qualify for the e	exemption stated in S	ection 119.07(3)(i), Florida Statutes. I	further certify that the information	
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: Daviey Davier 04-26-04					
SIGNATURE AND TYPED OR PRINTED MANÉ	OF SIGNING MANAGING MEMBER, MANAGER	OR AUTHORIZED REPRES		Daysme Phone #	