

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90065 042 ****50.00

DOCUMENT # L03000036538



1. Entity Name
C.R. INVESTMENTS LLC

Principal Place of Business
**1000 NW 14TH STREET
 MIAMI, FL 33136**

Mailing Address
**1000 NW 14TH STREET
 MIAMI, FL 33136**

42000100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0250301

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FAIBISCH, RUSSELL C
 1000 NW 14TH STREET
 MIAMI, FL 33136**

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

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, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM Delete
 NAME FAIBISCH, RUSSELL C
 STREET ADDRESS 1000 NW 14TH STREET
 CITY-ST-ZIP MIAMI, FL 33136

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME Charles Faibisch
 STREET ADDRESS 1000 NW 14th St
 CITY-ST-ZIP Miami FL 33136

TITLE Change Addition
 NAME [Handwritten Signature]
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/04

Date

305
 381-7043

Daytime Phone #