


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90020 014 ****50.00

DOCUMENT # L03000043185

1. Entity Name
ROHE INVESTMENT, LLC



Principal Place of Business Mailing Address
141 NE 3RD AVENUE, SUITE 406 **141 NE 3RD AVENUE, SUITE 406**
MIAMI, FL 33132 **MIAMI, FL 33132**

29004001



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State City & State

4. FEI Number Applied For / Not Applicable

65-1210122

Zip Country Zip Country

5. Certificate of Status Delect \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATZKIN, HECTOR
141 NE 3RD AVENUE-SUITE 406
MIAMI, FL 33132

7. Name and Address of New Registered Agent

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]

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	MATZKIN, HECTOR	141 NE 3RD AVENUE, SUITE 406	MIAMI, FL 33132	<input type="checkbox"/>
MGR	NAPARSTEK, ROBERTO	141 NE 3RD AVENUE, SUITE 406	MIAMI, FL 33132	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DATE

[Signature]