


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90595 049 ****50.00

DOCUMENT # L04000007251	
1. Entity Name ACG INVESTMENTS, LLC	

Principal Place of Business 3811 NW 2ND AVENUE MIAMI, FL 33127	Mailing Address 3811 NW 2ND AVENUE MIAMI, FL 33127
--	--

2. Principal Place of Business 513 NE 38 STREET	3. Mailing Address 513 NE 38 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33137	Country USA
Zip 33137	Country USA



03092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0535680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRASOBARES, ALEJANDRO C 3811 NW 2ND AVENUE MIAMI, FL 33127	Name Trasobares, Alejandro C
	Street Address (P.O. Box Number is Not Acceptable) 513 NE 38 Street
	City, State, Zip Miami, FL 33137
	City Miami FL Zip Code 33137

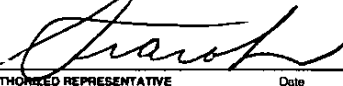
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRASOBARES, ALEJANDRO C		NAME Trasobares, Alejandro C	
STREET ADDRESS 3811 NW 2ND AVENUE		STREET ADDRESS 513 NE 38 Street	
CITY-ST-ZIP MIAMI, FL 33127		CITY-ST-ZIP Miami, FL 33137	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, CARLOS		NAME	
STREET ADDRESS 14222 SW 17 ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33177		CITY-ST-ZIP	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOD, GREGORY M		NAME Wood, Gregory M	
STREET ADDRESS 3811 NW 2ND AVENUE		STREET ADDRESS 517 NE 38 STREET	
CITY-ST-ZIP MIAMI, FL 33127		CITY-ST-ZIP Miami, FL 33137	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Alejandro C. Trasobares  305-794-6072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #