

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009707

Entity Name: 3F INVESTMENTS LLC

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

5300 NE, 33RD. AV
202
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5300 NE, 33RD. AV
202
FORT LAUDERDALE, FL 33309

New Mailing Address:

1835 NE MIAMI GARDENS DR.
NO. 275
NORTH MIAMI BEACH, FL 33179

FEI Number: 59-3789340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, RICARDO P
5300 NE 33RD AV
202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FISCHER, ROBERT
Address: 33 WHITE GATES LANE
City-St-Zip: STOWE, VT 05672

Title: MGR () Delete
Name: FISCHER, DANIEL
Address: 5300 NW 33RD AV, SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: FISCHER, RICARDO P
Address: 5300 NW, 33RD AVENUE, SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICARDO FISCHER

MGR

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date