

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014229

FILED
Apr 22, 2005
Secretary of State

Entity Name: ULTIMA INVESTMENTS, LLC

Current Principal Place of Business:

19333 COLLINS AVENUE
1403
MIAMI, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

19333 COLLINS AVENUE
1403
MIAMI, FL 33160 US

New Mailing Address:

FEI Number: 20-1125605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVY, JIMMY
19333 COLLINS AVENUE
1403
MIAMI, FL 33160 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: PITALE, JAIME
Address: 1908 15TH AVE. APT. B
City-St-Zip: TAMPA, FL 33603 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVY, JIMMY
Address: 19333 COLLINS AVENUE SUITE 1403
City-St-Zip: MIAMI, FL 33160 US

Title: MGRM () Change (X) Addition
Name: DUARTE, MAURICIO A
Address: 351 CHANNELSIDE WALKWAY #4203
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM () Change (X) Addition
Name: TUATY, DAVID
Address: 20200 NE 21 COURT
City-St-Zip: MIAMI, FL 33179

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: JIMMY LEVY

MGRM

04/22/2005

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