


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90200 012 ****50.00

DOCUMENT # L04000016278			
1. Entity Name A.R.M.M. LIMITED INVESTMENT, L.L.C.			
Principal Place of Business 15893 S.W. 84 STREET MIAMI, FL 33183		Mailing Address 15893 S.W. 84 STREET MIAMI, FL 33193	
2. Principal Place of Business 13275 SW 136 STREET		3. Mailing Address	
Suite, Apt. #, etc. Box # 6		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33156	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent BASTORI, ANTOINETTE 15893 S.W. 84 STREET MIAMI, FL 33193		7. Name and Address of New Registered Agent	
2205 tp 1000 50.00		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, typed or printed name of registered agent and title acceptable.		(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 NAME STREET ADDRESS CITY - ST - ZIP	MGR BASTORI, ANTOINETTE 15893 S.W. 84 STREET MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 808, Florida Statutes.			
SIGNATURE: <i>Antoinette Bastori</i>		Date: <i>2/11/05</i>	Daytime Phone #: <i>(305) 382-1035</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			