

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020076

Entity Name: 477 INVESTMENT, LLC

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

P.O.BOX 565490
MIAMI, FL 33256

New Principal Place of Business:

10556 NW 26TH STREET
D 101
DORAL, FL 33172

Current Mailing Address:

P.O.BOX 565490
MIAMI, FL 33256

New Mailing Address:

10556 NW 26TH STREET
D 101
DORAL, FL 33172

FEI Number: 20-1030227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZA-MARTINEZ, TANIA A
780 NW 42 AV.
420
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET
C-201
DORAL, FL 33172 US

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: JOSEPH F. CABANAS

03/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: 477 INTERNATIONAL CO, RP.
Address: 2717 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCATTOLINI, MAURO MGR
Address: 10556 NW 26TH STREET - STE. D 101
City-St-Zip: DORAL, FL 33172

Title: MGR () Change (X) Addition
Name: SCATTOLINI, CONSTANZA MGR
Address: 10556 NW 26TH STREET - STE. D101
City-St-Zip: DORAL, FL 33172

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: MAURO SCATTOLINI

MGR

03/08/2005

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