

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90039 033 *****55.00

DOCUMENT # L04000024849					
1. Entity Name PINAR INVESTMENTS, LLC					
Principal Place of Business 1447 S.W. 32ND COURT FT. LAUDERDALE, FL 33315			Mailing Address 1447 S.W. 32ND COURT FT. LAUDERDALE, FL 33315		
2. Principal Place of Business		3. Mailing Address 300 ALCAZAR AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 302			
City & State		City & State CORAL GABLES, FL		07182005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 20-1367599	
Zip 33134		Country MIAMI-DARE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name: ALBERT P VEGA CPA PA Street Address (P.O. Box Number is Not Acceptable): 300 ALCAZAR AVE STE 302 City: CORAL GABLES FL Zip Code: 33134		
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: 7/21/2005					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, CARIDAD 1447 S.W. 32ND COURT FT. LAUDERDALE, FL 33315		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					