

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90423 039 \*\*\*\*50.00

**DOCUMENT # L04000027104**

1. Entity Name  
**INVESTRUST, LLC**



Principal Place of Business  
**1001 BRICKELL BAY DRIVE  
9TH FLOOR  
MIAMI, FL 33131**

Mailing Address  
**1001 BRICKELL BAY DRIVE  
9TH FLOOR  
MIAMI, FL 33131**

2. Principal Place of Business

**1401 Brickell Avenue**

3. Mailing Address

**1401 Brickell Ave**

Suite, Apt. #, etc.

**# 1040**

Suite, Apt. #, etc.

**# 1040**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-0991699**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ASSARI, FARHAD  
C/O 1001 BRICKELL BAY DRIVE  
9TH FLOOR  
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MANGALJI, FEREED  
5847 SAN FELIPE, 46TH FLOOR  
HOUSTON, TX 77057** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:**

*Farhad A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**305-379 9300**