

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-04-2005 90423 040 ****50.00

DOCUMENT # L04000027106

1. Entity Name
INVESTRUST LEASE, 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**

20020001



01072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
1401 Brickell Ave

3. Mailing Address
1401 Brickell Ave

Suite, Apt. #, etc.
1040

Suite, Apt. #, etc.
#1040

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-0991780

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKHAI, KASHYAP
1001 BRICKELL BAY DRIVE
9TH FLOOR
MIAMI, FL 33131**

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

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

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Farhad Assari
1401 Brickell Ave, Suite 1040
Miami, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE
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CITY - ST - ZIP ☐ Delete

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:

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

Date

Daytime Phone #

305-379-9340