

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90047 023 \*\*\*\*50.00

20040378



<b>DOCUMENT # L04000030975</b> 1. Entity Name <b>FLEITAS INVESTMENT GROUP, LLC</b>					
Principal Place of Business 3641 SW 185TH AVE. MIRAMAR, FL 33029 US			Mailing Address 3641 SW 185TH AVE. MIRAMAR, FL 33029 US		
2. Principal Place of Business <b>8040 NW 155 St.</b>		3. Mailing Address <b>8040 NW 155 St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI LAKES, FL</b>		City & State <b>MIAMI LAKES, FL</b>		4. FEI Number <b>550865678</b>	
Zip <b>33016</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33016</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SKS AND ASSOCIATES</b> <b>20423 STATE ROAD 7</b> <b>STE 6290</b> <b>BOCA RATON, FL 33498</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FLEITAS, JESUS</b> <b>3641 SW 185TH AVE.</b> <b>MIRAMAR, FL 33029</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Fleitas, Jesus</b> <b>8040 N.W. 155 Street</b> <b>MIAMI LAKES, FLORIDA 33016</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete		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.					
<b>SIGNATURE:</b> <i>Jesus Fleitas</i> <b>MGRM</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>4/19/05</b> <b>305 9624242</b> Date Daytime Phone #		