
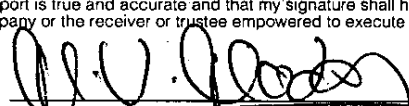


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90290 032 ****50.00

DOCUMENT # L04000031843 1. Entity Name PRECISION INVESTMENTS OF MIAMI, LLC					
Principal Place of Business 121 CRANDON BLVD., UNIT 259 KEY BISCAVNE, FL 33149			Mailing Address 121 CRANDON BLVD., UNIT 259 KEY BISCAVNE, FL 33149		
2. Principal Place of Business		3. Mailing Address 201 Crandon Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 427			
City & State		City & State Key Biscayne, FL		4. FEI Number 03142005 Chg-LLC CR2E083 (10/03)	
Zip Country 33149 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDO J. PORTUONDO, ESQ. C/O FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent 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 _____ (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	MGRM LOZANO, GERMAN 121 CRANDON BLVD., UNIT 259 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, CARLOS 121 CRANDON BLVD., UNIT 259 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, CARLOS 121 CRANDON BLVD., UNIT 259 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADERO, MANUEL V 121 CRANDON BLVD., UNIT 259 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			3/14/05 (305) 365-5791		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		