

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2005 90032 015 ****50.00

14005636



04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1208140** Applied For
Not Applicable

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

DOCUMENT # L04000031899

1. Entity Name
FRANCHISE INVESTMENT FUND, LLC



Principal Place of Business

**2500 WESTON RD
SUITE 103
WESTON, FL 33331**

Mailing Address

**2500 WESTON RD
SUITE 103
WESTON, FL 33331**

2. Principal Place of Business

2500 WESTON RD

3. Mailing Address

2500 WESTON RD

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

WESTON FLORIDA

City & State

WESTON, FLORIDA

Zip

33327

Country

US

Zip

33327

Country

US

6. Name and Address of Current Registered Agent

**CORREA, JOSE N
833 SAVANNAH FALLS DR.
WESTON, FL 33327**

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

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 **MGR** ☐ Delete
NAME **BRICENO, DOUGLAS**
STREET ADDRESS **2535 ROYAL PALM WAY**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **MGRM** ☒ Delete
NAME **SIMON, LEONARDO**
STREET ADDRESS **1491 COMMODORE WAY**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **BRICEND DOUGLAS JR.**
STREET ADDRESS **2535 ROYAL PALM WAY**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **MGR** ☐ Change ☒ Addition
NAME **BRICEND JEAN**
STREET ADDRESS **2535 ROYAL PALM WAY**
CITY-ST-ZIP **WESTON, FL 33327**

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

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

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

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

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 #

04-26-05