

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

04-26-2005 90020 015 ****50.00
 08-02-2005 90005 028 ****50.00

DOCUMENT # L04000049030



1. Entity Name
THE FAT POINT INVESTMENTS, L.L.C.

Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US	Mailing Address 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US
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20065923



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07012005 Chg-LLC CR2E083 (10/03)

City & State	City & State	4. FEI Number 20-2907727	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MARRERO, JOSE C ESQ. 1820 N. CORPORATE LAKES BLVD., SUITE # 105 WESTON, FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVA, NELSON			NAME			
STREET ADDRESS	1625 N. COMMERCE PARKWAY, #315			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUIG, FERNANDO			NAME			
STREET ADDRESS	1625 N. COMMERCE PARKWAY #315			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 # _____