

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052736

Entity Name: CHAINE INVEST, LLC.

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

5600 COLLINS AVE.
APT 6N
MIAMI BEACH, FL 33140

Current Mailing Address:

5600 COLLINS AVE.
APT 6N
MIAMI BEACH, FL 33140

New Principal Place of Business:

5600 COLLINS AVE.
APT 17L
MIAMI BEACH, FL 33140

New Mailing Address:

5600 COLLINS AVE.
APT 17L
MIAMI BEACH, FL 33140

FEI Number: 20-1370425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARTHE & LEIGH LLP
2455 E. SUNRISE BLVD.
SUITE 602
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHAINE, BRUNO
Address: 5600 COLLINS AVE., APT 6N
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: CHAINE, DOMINIQUE
Address: 5600 COLLINS AVE., APT 6N
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHAINE, BRUNO
Address: 5600 COLLINS AVE., APT 17L
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM (X) Change () Addition
Name: CHAINE, DOMINIQUE
Address: 5600 COLLINS AVE., APT 17L
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUNO CHAINE

MGRM

01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date