2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90023 044 ****55.00

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1. Entity Name
VIGAR INVESTMENT, LLC

Principal Place of Business
6444 COLLINS AVENUE
APT. # 204
MIAMI BEACH, FL 33141

Mailing Address
P.O. BOX 143770
CORAL GABLES, FL 33114

I4U02707

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 143770	Suite, Apt. #, etc. P.O. BOX 143770
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33114 Country US	Zip 33114 Country US

4. FEI Number 201410996 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAREAL, JUAN C
6444 COLLINS AVENUE
APT. # 204
CORAL GABLES, FL 33141

7. Name and Address of New Registered Agent

Name JUAN C. VILLAREAL
Street Address (P.O. Box Number is Not Acceptable)
7250 SW 68th Ct
City S. MIAMI FL Zip Code 33143

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 _____ 4/25/05
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		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	SAME ☒ Change ☐ Addition
NAME	VILLAREAL, JUAN C	NAME	
STREET ADDRESS	6444 COLLINS AVENUE	STREET ADDRESS	P.O. BOX 143770
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	Coral Gables, FL 33114
TITLE	MGRM ☐ Delete	TITLE	SAME ☒ Change ☐ Addition
NAME	VIGAR, LTDA	NAME	
STREET ADDRESS	6444 COLLINS AVENUE	STREET ADDRESS	P.O. BOX 143770
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	Coral Gables, FL 33114
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: _____ 4/25/05 (305)986-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #