## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 07, 2005 8:00 am Secretary of State DOCUMENT # L04000055276 02-07-2005 90279 044 \*\*\*\*55 00 THE RIGHTEOUS FIVE INVESTMENT GROUP, LLC Principal Place of Business Mailing Address 20007907 3040 NW 56TH STREET 3040 NW 56TH STREET MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-LLC CR2E083 (10/03) City & State Applied For 4. FEI Number City & State 26-00796 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAY, JOHN L JR. Street Address (P.O. Box Number is Not Acceptable) JFG FINANCIAL SERVICES, LLC 2351 NW 196TH STREET MIAMI, FL 33056 City 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete ☐ Change ☐ Addition LATONYA FOLEY NAME NAME 3040 N.W. 56 St. STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP MIAMI F/ 33142 MGR ☐ Change TITLE □ Delete TITLE Addition NAME AlFRED BENSON NAME 2931 N.W. 161 TER. STREET ADDRESS STREET ADDRESS OPA LOCKA Fl. 33054 CITY\_ST\_7/P CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITI F Addition EVANGE LINE CANTY NAME NAME 18715 N.W. 46 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Miami ☐ Change TITLE Delete TITLE noitibbA 🔲 NAME JOHN DAVIS 18722 N.W. 10th COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Minni, F/ 33/69 ☐ Delete ☐ Change TITLE ■ Addition MGR NAME NAME Willis SANDS 2025 S.W. 90" AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

FILED