

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055980

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: ADVANCED INVESTMENTS, LLC

**Current Principal Place of Business:**

1973 PISCES TERRACE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1973 PISCES TERRACE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 20-1429368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLEGAS, HIRAM  
1973 PISCES TERRACE  
WESTON, FL 33327 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: VILLEGAS, HIRAM  
Address: 1973 PISCES TERRACE  
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete  
Name: MARIN, CAROLINA  
Address: 1973 PISCES TERRACE  
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete  
Name: VILLEGAS, OLGA  
Address: KRA 62A NO. 125-51 APT 202  
City-St-Zip: BOGOTA, COLUMBIA,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HIRAM VILLEGAS

MGRM

04/28/2005

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