

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90013 029 *****55.00

DOCUMENT # L04000057687

1. Entity Name
INVEST-IN-US, L.L.C.



Principal Place of Business
2201 SAN CRISTABO DRIVE #15-10
KISSIMEE, FL 34741

Mailing Address
15841 PINES BLVD. #297
PEMBROKE PINES, FL 33027-1220

P.O. BOX
TALLAHASSEE FL 32314



2. Principal Place of Business
15841 PINES BLVD. #297

3. Mailing Address
15841 PINES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

297

08012005 Chg-LLC CR2E083 (10/03)

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
20-1467310

Applied For
Not Applicable

Zip
33027-1220

Country
USA
BROWARD

Zip
33027-1220

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRETO, GILBERTO ESQ.
2601 S. BAYSHORE DRIVE SUITE 1600
MIAMI, FL 33301

Name
JOE A. CATARINEAU, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
JOE A. CATARINEAU, P.A.

91760 OVERSEAS Highway

City
Tavernier

FL Zip Code
33070

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)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRETO, MIGUEL A JR. 325 COURTNEY SPRINGS CIR. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRETO, MARJON D 325 COURTNEY SPRINGS CIR. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBURY, CLINTON A JR. 2279 NW 170 AVE. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX, IRENE 2279 NW 170 AVE. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBURY, CHRIS M 15249 SW 36TH TERRACE MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBURY, LUCY 15249 SW 36TH TERRACE MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Miguel A. Barreto Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-8-05 407-493-3054