

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90092 045 ****50.00

DOCUMENT # L04000058336	
1. Entity Name TRIEMIS CAPITAL INVESTMENTS, LLC	

Principal Place of Business 3260 VIRGINIA STREET MIAMI, FL 33133-5281	Mailing Address 3260 VIRGINIA STREET MIAMI, FL 33133-5281
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2. Principal Place of Business 1395 BRICKELL AVENUE	3. Mailing Address 1395 BRICKELL AVENUE
Suite, Apt. #, etc. SUITE 800	Suite, Apt. #, etc. SUITE 800
City & State MIAMI FL	City & State MIAMI FL
Zip 33131	Country USA

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1471374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GAMAS, EDMUNDO 3260 VIRGINIA STREET MIAMI, FL 33133-5281
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7. Name and Address of New Registered Agent Name GAMAS, EDMUNDO JOSE Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVENUE SUITE 800 City MIAMI FL Zip Code 33131
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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 <i>X</i> <i>E. Gamas</i> DATE <i>04/25/2005</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGER & MEMBER EDMUNDO JOSE GAMAS 1395 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131
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
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
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: <i>X</i> <i>E. Gamas</i> DATE <i>04/25/2005</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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