


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

04-26-2005 90011 039 ***150.00
08-19-2005 90089 007 ****50.00

DOCUMENT # L04000061258	
1. Entity Name P.E.C. INVESTMENTS LLC	

20066894



Principal Place of Business 700 BILTMORE WAY STE 607 CORAL GABLES, FL 33134	Mailing Address 700 BILTMORE WAY STE 607 CORAL GABLES, FL 33134
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2. Principal Place of Business 8180 NW 36 St. Suite, Apt. #, etc. 420 City & State MIAMI, FLORIDA Zip 33166	Country	3. Mailing Address 8180 NW 36 St. Suite, Apt. #, etc. 420 City & State MIAMI, FLORIDA Zip 33166	Country
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08162005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26 ST STE. C-201 MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name <u>Leo de la Hoz</u> Street Address (P.O. Box Number is Not Acceptable) <u>8180 NW 36 St Ste 420</u> City <u>Miami</u> FL Zip Code <u>33166</u>	
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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 <u>[Signature]</u> DATE <u>8/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, CARLOS A 700 BILTMORE WAY STE 607 CORAL GABLES, FL 33134 <input 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	MGRM ESTOPINAN, PAUL A 700 BILTMORE WAY STE 607 CORAL GABLES, FL 33134 <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	MGRM ENRIQUE DELAHOZ, EDUARDO 700 BILTMORE WAY STE 607 CORAL GABLES, FL 33134 <input 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"/> 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"/> 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"/> Delete	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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>8-16-05</u> Daytime Phone # <u>305-401-4330</u>