

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066554

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: INVEST GROUP LLC

**Current Principal Place of Business:**

1835 MAIN STREET  
SUITE 101  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1835 MAIN STREET  
SUITE 101  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MARTINEZ, ISABEL  
1835 MAIN STREET  
SUITE 101  
WESTON, FL 33326 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: MGR ( ) Delete  
Name: OSORIO, ROBERTO  
Address: 1835 MAIN STREET  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: MAZZEI, ANDRES  
Address: 1835 MAIN STREET  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: BOSCAN, NELSON  
Address: 1835 MAIN STREET  
City-St-Zip: WESTON, FL 33326

**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: NELSON BOSCAN

MGR

03/14/2005

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