


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90022 010 \*\*\*\*50.00

<b>DOCUMENT # L04000066782</b>	
1. Entity Name <b>TANTI INVESTMENT, LLC</b>	

Principal Place of Business <b>2330 NW 102 AVE. BAY 2 MIAMI, FL 33172</b>	Mailing Address <b>3041 SW 77 PL. MIAMI, FL 33155</b>
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2. Principal Place of Business <b>8545 NW 29 Street</b>	3. Mailing Address <b>8545 NW 29 Street</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Doral, FL</b>	City & State <b>Doral, FL</b>
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Zip <b>33122</b>	Country <b>USA</b>	Zip <b>33122</b>	Country <b>USA</b>
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04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1640844</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PEREZ, JUAN F 2330 NW 102 AV. BAY 2 MIAMI, FL 33172</b>
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7. Name and Address of New Registered Agent  <b>Juana F. Perez Street Address (P.O. Box Number is Not Acceptable) 8545 NW 29 Street  City Doral FL Zip Code 33122</b>
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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 *Juan F. Perez* DATE **4-15-05**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, JUAN F 2330 NW 102 AV. BAY 2 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Perez, Juan F. 8545 NW 29 Street Doral, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, MARIA E 2330 NW 102 AV. BAY 2 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Perea, Maria E. 8545 NW 29 Street Doral, FL 33122 <input checked="" 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
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: *M. Perez* DATE **4-15-05** (305) 471-9888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #