

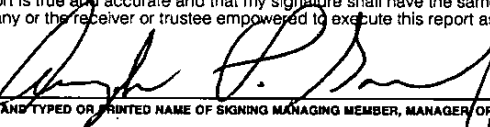


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90080 022 \*\*\*\*50.00

<b>DOCUMENT # L04000069980</b>					
1. Entity Name <b>M A REAL ESTATE INVESTMENTS, LLC</b>					
Principal Place of Business <b>11307 SW 74 TERRACE MIAMI, FL 33173 US</b>			Mailing Address <b>11307 SW 74 TERRACE MIAMI, FL 33173 US</b>		
2. Principal Place of Business <b>7997 SW 76 AVE</b>			3. Mailing Address <b>7997 SW 76 AVE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Miami FL</b>			City & State <b>Miami FL</b>		
Zip <b>33143</b>		Country <b>FLA</b>		4. FEI Number <b>20-1761853</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SANCHEZ, ANGELA H 11397 SW 74 TERRACE MIAMI, FL 33173</b>			7. Name and Address of New Registered Agent Name <b>SANCHEZ, ANGELA H</b> Street Address (P.O. Box Number is Not Acceptable) <b>7997 SW 76 AVE</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33143</b>		
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  DATE <b>4/7/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANCHEZ, ANGELA H 11307 SW 74 TERRACE MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANCHEZ, ANGELA H. 7997 SW 76 AVE Miami FLA 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALVAREZ, MARGARITA 1111 WARBONNET WAY, #239 LAS VEGA, NV 89117 <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: 			Date <b>4/7/05</b> 305-282-6308 Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					