

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071762

Entity Name: DAVEST INVESTMENTS LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

6426 SW 30TH STREET
MIAMI, FL 331553912

New Principal Place of Business:

P.O. BOX 832878
MIAMI, FL 33283

Current Mailing Address:

6426 SW 30TH STREET
MIAMI, FL 331553912

New Mailing Address:

P.O. BOX 832878
MIAMI, FL 33283

FEI Number: 13-4293363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, DAVID
1126 W FLAGLER STREET
MIAMI, FL 331553912 US

Name and Address of New Registered Agent:

GONZALEZ, DAVID
P.O. BOX 832878
MIAMI, FL 33283 US

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:

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GONZALEZ, DAVID
Address: 1126 W FLAGLER STREET
City-St-Zip: MIAMI, FL 331553912

Title: MGRM () Delete
Name: GONZALEZ, ESTRELLA
Address: 1126 W FLAGLER STREET
City-St-Zip: MIAMI, FL 331553912

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, DAVID
Address: P.O. BOX 832878
City-St-Zip: MIAMI, FL 33283

Title: MGRM (X) Change () Addition
Name: GONZALEZ, ESTRELLA
Address: P.O. BOX 832878
City-St-Zip: MIAMI, FL 33283

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: ESTRELLA GONZALEZ

MGRM

04/22/2005

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