

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90034 037 ****50.00

20050364



04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2054824** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000085382

1. Entity Name
LG PROPERTY INVESTMENTS, LLC



Principal Place of Business
**13727 SW 152 STREET, SUITE 331
MIAMI, FL 33177**

Mailing Address
**13727 SW 152 STREET, SUITE 331
MIAMI, FL 33177**

2. Principal Place of Business
13727 SW 152 st
Suite, Apt. #, etc. **331**

3. Mailing Address
13727 SW 152 st
Suite, Apt. #, etc. **331**

City & State
miami, FL

City & State
miami FL

Zip
33177 Country **US**

Zip
33177 Country **US**

6. Name and Address of Current Registered Agent

**PEREZ, GILBERTO
13727 SW 152 STREET, SUITE 331
MIAMI, FL 33177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Gilberto Perez* (NOTE: Registered Agent signature required when reinstating) DATE **4-26-05**

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 PEREZ, GILBERTO 13727 SW 152 STREET, SUITE 331 MIAMI, FL 33177 <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
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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: *Gilberto Perez* Date **4-26-05**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #