

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90020 006 \*\*\*\*50.00

**DOCUMENT # L04000086428**

1. Entity Name  
**BEST PROPERTIES INVESTMENTS, L.L.C.**



Principal Place of Business  
**4390 DOGWOOD CIRCLE  
WESTON, FL 33331**

Mailing Address  
**4390 DOGWOOD CIRCLE  
WESTON, FL 33331**

2. Principal Place of Business  
**3914 Hawks Ct.**

3. Mailing Address  
**3914 Hawks Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Weston, Fla.**

City & State  
**Weston, Fla.**

Zip  
**33331**

Country  
**USA**

Zip  
**33331**

Country  
**USA**

03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**87-0736161**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DEZUBIRIA, RAMON  
4390 DOGWOOD CIRCLE  
WESTON, FL 33331**

## 7. Name and Address of New Registered Agent

Name  
**Ramon Dezubiria**

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

**3914 Hawks Ct.**

City  
**Weston**

**FL**

Zip Code  
**33331**

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 **Ramon De Zubiria**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**04-01-05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Ramon Dezubiria  
3914 Hawks Ct.  
Weston, Fla. 33331** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Tachi Neira  
3914 Hawks Ct.  
Weston, Fla. 33331** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **Ramon De Zubiria**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04-01-05 305 469-6053**

Date

Daytime Phone #