

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088304

FILED  
Feb 20, 2005  
Secretary of State

Entity Name: FIRST INVESTMENT NETWORK, LLC

## Current Principal Place of Business:

7217 E COLONIAL DR  
SUITE 111  
ORLANDO, FL 32807

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 678507  
ORLANDO, FL 32867

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOLLAR LEASING & MANAGEMENT, LLC  
7217 E COLONIAL DR  
SUITE 111  
ORLANDO, FL 32807 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: DOLLAR LEASING & MAN, AGEMENT, LLC  
Address: 7217 E. COLONIAL DR, SUITE 111  
City-St-Zip: ORLANDO, FL 32807

Title: MGRM ( ) Delete  
Name: SIMMONS, LARRY  
Address: 4967 LUCERNE TERRACE  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete  
Name: ROSARIO, ANA  
Address: 1033 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete  
Name: DEMARY, LESSIE  
Address: 10521 JETSON STREET  
City-St-Zip: ORLANDO, FL 32825

Title: MGRM ( ) Delete  
Name: ROMAN, CARLOS  
Address: 489 FLORAL DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM ( ) Delete  
Name: ARROYO, MONICA  
Address: 1074 WILMINGTON DR  
City-St-Zip: DELTONA, FL 32725

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WALLACE, FANCHETA  
Address: 6607 SAGEWOOD DR  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HERIBERTO J. MARTE

MGR

02/20/2005

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