

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088304

FILED  
Jan 15, 2006  
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:

7217 E COLONIAL DR  
SUITE 112  
ORLANDO, FL 32807

## Current Mailing Address:

P. O. BOX 678507  
ORLANDO, FL 32867

## New Mailing Address:

P. O. BOX 677758  
ORLANDO, FL 32867

FEI Number: 65-1237228

FEI Number Applied For ( )

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:

BILINGUAL EMPOWERMENT UNIVERSITY LLC  
7217 E COLONIAL DR  
SUITE 112  
ORLANDO, FL 32807 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: HERIBERTO MARTE

01/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BILINGUAL EMPOWERMENT UNIVERSITY L L C  
Address: 7217 E. COLONIAL DR, SUITE 112  
City-St-Zip: ORLANDO, FL 32807

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:

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 Chapter 119, 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: BILINGUAL EMPOWERMENT UNIVERSITY LLC

MGR

01/15/2006

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