


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000759 1. Entity Name LAS BRISAS INVESTMENT, L.C.	
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Principal Place of Business 78615 HWY 1082 COVINGTON, LA 70435	Mailing Address 78615 HWY 1082 COVINGTON, LA
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07022004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 72-1388581	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FARRINGTON, WILLIAM E 307 SOUTH PALAFOX ST PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

000000164657
07/08/04-60017-017 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICELI, SAMUEL A JR 78615 HWY 1082 COVINGTON, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICELI, SHERRIE A 78615 HWY 1082 COVINGTON, LA
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IN THIS SPACE**

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: *Samuel A. Miceli, Jr* **SAMUEL A. MICELI, JR** 7/2/04 **985-892-0196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #