


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000759
 1. Entity Name
LAS BRISAS INVESTMENT, L.C.



Principal Place of Business 78615 HWY 1082 COVINGTON, LA 70435	Mailing Address 78615 HWY 1082 COVINGTON, LA
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DO NOT WRITE IN THIS SPACE



02122005 No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

FARRINGTON, WILLIAM E
 307 SOUTH PALAFOX ST
 PENSACOLA, FL 32501

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000256013
 03/08/05-80037-015 50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] **PRG1** 3/4/05 504-834-3508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #