
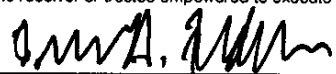


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90370 015 \*\*\*\*50.00

<b>DOCUMENT # L98000000806</b>					
1. Entity Name AEGIS INVESTMENTS OF MIAMI, L.C.					
Principal Place of Business 12805 SW 84TH AVENUE ROAD MIAMI, FL 33156			Mailing Address 12805 SW 84TH AVENUE ROAD MIAMI, FL 33156		
2. Principal Place of Business 7241 SW 168 STREET Suite, Apt. #, etc. SUITE B		3. Mailing Address 7241 SW 168 STREET Suite, Apt. #, etc. SUITE B		04282005 Chg-LLC CR2E083 (10/03)	
City & State MIAMI		City & State MIAMI		4. FEI Number 65-0842907	
Zip 33157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, WILLIAM P JR. 9300 S. DADELAND BLVD., SUITE 308 MIAMI, FL 33156			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASER, LEWIS A 12805 SW 84TH AVENUE ROAD MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASER, LEWIS A 7241 SW 168 STREET, STE B MIAMI, FL 33157
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date: 4/28/05 305 969-8812		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

14013/86

