**2004 LIMITED LIABILITY COMPANY** 

DO NOT WRITE IN THIS SPACE

## ANNUAL REPORT

DOCUMENT # L99000001424

PROVISIONAL INVESTMENTS LIMITED LIABILITY

COMPANY

Principal Place of Business

SIGNATURE:

3501 NW 2ND AVE. MIAMI, FL 33137

Mailing Address

3501 NW 2ND AVE. MIAMI, FL 33137

## **FILED** Jan 20, 2004 08:00 AM Secretary of State



01132004 No Chg-LLC

CR2E083 (10/03)

| 4. | FEI Number                    | -                                 | Applied For    |
|----|-------------------------------|-----------------------------------|----------------|
|    | 65-0900558                    |                                   | Not Applicable |
| 5, | Certificate of Status Desired | \$5.00 Additional<br>Fee Required |                |

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER, SUITE 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131

| DO | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| 8. The above<br>the obligati                   | named entity submits this statement for the purpose of changons of registered agent.   | ging its registered office or registered agent, or b  | oth, in the State of Florida. I am familiar with, and accept  |
|--|--|---|---|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE, Registered Agent algorature required when reinstalling)  | DATE  |
|  | ling Fee is \$50.00<br>ue by May 1, 2004   |   |   |
| 9.   | MANAGING MEMBERS/MANAGERS  |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>GERRITS, MICHAEL J<br>3501 NW 2ND AVE.<br>MIAMI, FL 33137  |   | U00000008728<br>01/20/04~20075-022 50.00  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SHAFER, ILEANA<br>3501 NW 2ND AVE.<br>MIAMI, FL 33137  |   | 91/20/94-20075-022 50.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | DC  | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | IN  | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |   |
| 11. I hereby<br>indicated<br>limited lis       | certify that the information supplied with this filling does not que on this report is true and accurate and that my signature shiplility company or the receiver of trustee empowered to exec | ualify for the exemption stated in Section 119.07(<br>all have the same legal effect as if made under or<br>oute this report as required by Chapter 608, Florid | 3)(i), Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the la Statutes. |

HAGING MEMBER, OR AUTHORIZED REPRESENTATIVE