## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002218



## FILED Apr 28, 2004 8:00 am Secretary of State

1. Entity Name SPOGAIN INVESTMENTS, L.L.C.							04-28-2004 90068 049 ****50.00					
Principal Plac 1155 HILLSI HILLSBORO	BORO MILE,	APT: 703	Mailing Address 1155 HILLSBORO MILE, APT. 703 HILLSBORO BEACH, FL 33062					· · · · · · · · · · · · · · · · · · ·		#(##)      (##)  :		
2. Principal Place of Business 650 West Avenue 3. Mailing Address 650 West					ue							
Suite, Apt.	. #, etc. 井 /	1510	Suite, Apt. #, etc. # 1510				04252004	Chg-LLC	CR2E	083 (10/03)	·	
City & State MIAMI BEACH, FL			City & State MIAMI BEACH, FL				4. FEI Numb			<u> </u>	pplied For ot Applicable	
3313	3139 Country USA		33139	Cour	Country			e of Status Desire		\$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent Nar							7. Name and Address of New Registered Agent  Ron ald Ols Kr					
City						Street Address (P.O. Box Number is Not Acceptable) 650 West Avenue						
						p+. 1			000			
							BEA CH		FI	_   _> 3/		
<ul><li>the,obligat</li></ul>	tions of regist	y submits this statement for ered agent.	the purpose of changing it	s register	ed office or	r registere	ed agent, or be	oth, in the State o			, and accept	
SIGNATURE	Kn	or printed name of registered agent a	and title if envisionable (NO	TE: Parintere	on Agent pignet		when reinstating)	·	<del></del>	104		
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9.,		MANAGING MEMBEI	RS/MANAGERS	۱۱٥.				ADDITIO	NS/CHANGE	S		
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11. I hereby	certify that the	information supplied with	this filing does not qualify for	or the exe	mption stat	ted in Sec	ction 119.07(3)	Vi) Florida Statut	es. I further ce	ertify that the i	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 manager 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.												
	- 15. 2(, 1., Plumma	Onald Ol	te				ال	26/00		-970-3	38.2	
SIGNAT	UKE:	AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	WAGER, OF	AUTHORIZED	REPRESE	TATIVE 7/	Date		Daytime Phone #		