2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003182

Entity Name: MIRAN INVESTMENT GROUP, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
254 CR. 427 SOUTH SUITE 126 LONGWOOD, FL 32750	254 CR. 427 SOUTH SUITE 124 LONGWOOD, FL 32750

Current Mailing Address:	**New Mailing Address:**
254 CR. 427 SOUTH SUITE 126 LONGWOOD, FL 32750	254 CR. 427 SOUTH SUITE 124 LONGWOOD, FL 32750

FEI Number: 52-2176880   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FORCE, KEN 254 CR. 427 SOUTH SUITE 126 LONGWOOD, FL 32750 US	FORCE, KEN 254 CR. 427 SOUTH SUITE 124 LONGWOOD, FL 32750 US

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.

SIGNATURE: _____ 01/17/2005

       Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete	Title: MGRM (X) Change ( ) Addition
Name: SHANTA LIMITED,	Name: SHANTA LIMITED,
Address: 254 CR. 427 SOUTH, STE. 126	Address: 254 CR. 427 SOUTH, STE. 124
City-St-Zip: LONGWOOD, FL 32750	City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Delete	Title: MGR ( ) Change (X) Addition
Name:	Name: FORCE, KEN R MGR
Address:	Address: 254 CR. 427 SOUTH, STE. 124
City-St-Zip:	City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEN FORCE   MGR   01/17/2005

       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date