


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90064 031 \*\*\*\*50.00

<b>DOCUMENT # L99000005025</b>	
1. Entity Name XIRR INVESTMENTS PARTNERS, L.L.C.	

Principal Place of Business 101 EAST KENNEDY BLVD, STE 3300 TAMPA, FL 33602	Mailing Address 101 EAST KENNEDY BLVD, STE 3300 TAMPA, FL 33602
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4. FEI Number 59-3592531	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 00000000 0000 000000
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6. Name and Address of Current Registered Agent  JUNG, MING G 101 EAST KENNEDY BLVD., STE 3300 TAMPA, FL 33602
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPURLIN-HORWITZ, ANGELA 6223 S. RUSSELL ST. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAUDE, BRUNO ZOLLSTRASSE 42 PASTPACH CH-8021 ZURICH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINFREY, CHRISTOPHER L 197 BOULEVARD SAINT GERMAIN PARIS, FRANCE, 75007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM XENICK, EMANUEL 3918 W. GRANADA ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLOCK JR, GEORGE 5815 SIERRA CREST LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNG, MING G 643 ADDISON DRIVE NE SAINT PETERSBURG, FL 33716

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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:** *Angela Spurlin-Horwitz* *Angela Spurlin-Horwitz* 4/26/04 (813) 226-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #