


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000006259</b> 1. Entity Name <b>PARTNERS ACQUIRING INVESTMENT REAL ESTATE, L.L.C.</b>	
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Principal Place of Business <b>16765 FISH HAWK BLVD., #162 LITHIA, FL 33547</b>	Mailing Address <b>16765 FISH HAWK BLVD., #162 LITHIA, FL 33547</b>
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3600752</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LOPEZ, ADDES JOHN 16765 FISH HAWK BLVD., #162 LITHIA, FL 33547</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

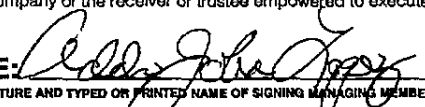
**Filing Fee is \$50.00  
Due by May 1, 2004**

1100000112468  
04/14/04-80022-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, ADDES JOHN 16765 FISH HAWK BLVD., #162 LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, DAWN 16765 FISH HAWK BLVD., #162 LITHIA, FL 33547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **ADDES JOHN LOPEZ** **04/09/04 813 493 5154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #