

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006629

FILED
Jan 28, 2005
Secretary of State

Entity Name: FINEVEST MANAGEMENT SERVICES LLC

Current Principal Place of Business:

2655 LEJEUNE RD.
STE 802
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LEJEUNE RD.
STE 802
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0960182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, DAVID R
5781 SW 116 ST.
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

GARCIA, DAVID R
2655 LEJEUNE ROAD
SUITE 802
CORAL GABLES, FL 33134 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: DAVID R GARCIA

01/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GARCIA, JULIA
Address: 5781 SW 116 STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM () Delete
Name: GARCIA, DAVID
Address: 5781 SW 116 STREET
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA, JULIA
Address: 5921 SW 135 STREET
City-St-Zip: PINECREST, FL 33156

Title: MGRM (X) Change () Addition
Name: GARCIA, DAVID
Address: 5921 SW 135 STREET
City-St-Zip: PINECREST, FL 33156

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: JULIA GARCIA

MGRM

01/28/2005

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