2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000009034

1. Entity Name
MYSTIC FOREST INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
9240 SUNSET DRIVE, SUITE 216 MIAMI, FL 33173	9240 SUNSET DRIVE, SUITE 216 MIAMI, FL 33173

01032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2219094
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G ESQ.
218 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MARANT, INC.
STREET ADDRESS	9240 SUNSET DRIVE, SUITE 216
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGRM
NAME	HACIENDA LOS ANGELES CORP.
STREET ADDRESS	680 NE 105TH LANE
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #