

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002011

Entity Name: FLORINVEST, LLC

FILED  
Mar 17, 2006  
Secretary of State

**Current Principal Place of Business:**

3970 OAKS CLUBHOUSE DR STE 306  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3970 OAKS CLUBHOUSE DR STE 306  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 20-2779644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARTHE & LEIGH, LLP  
2455 E. SUNRISE BLVD STE 602  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

TREMBLAY, GUY MGR  
3970 OAKS CLUBHOUSE DR  
STE 306  
POMPANO BEACH, FL 33069 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: GUY TREMBLAY

03/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MATHIEU, GERARD  
Address: 3970 OAKS CLUBHOUSE DR STE 306  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM ( ) Delete  
Name: MATHIEU, FRANCOISE  
Address: 3970 OAKS CLUBHOUSE DR STE 306  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GUY TREMBLAY

MGR

03/17/2006

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