

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001192

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** INTERAMERICAN MANAGEMENT, LLC

**Current Principal Place of Business:**

3509 MONEGRO STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

524 ALTARA AVENUE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

3509 MONEGRO STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

524 ALTARA AVENUE  
CORAL GABLES, FL 33146

FEI Number: 65-1071220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JASLOW, LANE A  
3509 MONEGRO STREET  
CORAL GABLES, FL 33134 US

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

JASLOW, LANE A  
524 ALTARA AVENUE  
CORAL GABLES, FL 33146 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: \_\_\_\_\_

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JASLOW, LANE A  
Address: 3509 MONEGRO STREET  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JASLOW, LANE A  
Address: 524 ALTARA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify 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: LANE A. JASLOW

MGRM

04/13/2009

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