2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L06000034812

Entity Name: LIBENOR L.L.C.

Current Principal Place of Business:

17275 COLLINS AVE., #904
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3350 NE 192 STREET APT 1-G
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-5811583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUNES, EDUARDO R
19300 W. DIXIE HIGHWAY, SUITE #12
N. MIAMI BEACH, FL 331802201 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ARONOWICZ, NORBERTO	
Address:	17275 COLLINS AVE., #904	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	MGR	( ) Delete
Name:	ARONOWICZ, BERTA	
Address:	17275 COLLINS AVE., #904	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	MGR	( ) Delete
Name:	FUNES, LILIANA	
Address:	17275 COLLINS AVE., #904	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: BERTA ARONOWICZ MRG 03/25/2009

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