

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047689

Entity Name: ASBE INVESTORS, LLC

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

ONE S.E. 3RD AVENUE 25TH FL
MIAMI, FL 33131

New Principal Place of Business:

ONE S.E. 3RD AVENUE
25TH FL
MIAMI, FL 33131

Current Mailing Address:

ONE S.E. 3RD AVENUE 25TH FL
MIAMI, FL 33131

New Mailing Address:

ONE S.E. 3RD AVENUE
25TH FL
MIAMI, FL 33131

FEI Number: 26-2316098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: SMULIAN, ANDREW M
Address: ONE S.E. 3RD AVENUE 25TH FL
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: Awner, JONATHAN
Address: ONE S.E. 3RD AVENUE 25TH FL
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: ZINN, ROBERT
Address: ONE S.E. 3RD AVENUE 25TH FL
City-St-Zip: MIAMI, FL 33131

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: ANDREW M. SMULIAN

M

04/02/2008

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