


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000043803
 1. Entity Name
 LLPB INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address
 150 WEST FLAGLER STREET, SUITE 2200 150 WEST FLAGLER STREET, SUITE 2200
 MIAMI, FL 33130 MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



01092007 Chg-LLC CR2E083 (12/06)
 4. FEI Number Applied For
 20-2783472 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FREED, OWEN S
 150 WEST FLAGLER STREET, SUITE 2200
 MIAMI, FL 33130

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTIN, LUIS P			NAME			
STREET ADDRESS	2101 BRICKELL AVE, # 310			STREET ADDRESS	U00000638341		
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP	02/27/07-80025-023 50.00		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTIN, PATRICIA			NAME			
STREET ADDRESS	2101 BRICKELL AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTIN, PATRICIA			NAME			
STREET ADDRESS	2101 BRICKELL AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREED, OWEN S			NAME			
STREET ADDRESS	150 W FLAGLER ST, STE 2200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130			CITY-ST-ZIP			
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STREET ADDRESS	150 W FLAGLER ST, STE 2200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Owen S. Freed Date: 02/12/07 Daytime Phone #: 305-789-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE