

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092637

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: INVESTMENTS BK 3204, LLC

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 37-1516841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CTC MANAGEMENT SERVICES LLC  
220 ALHAMBRA CIRCLE  
11TH FL  
CORAL GABLES, FL 33134 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: COMMERCEBANK TRUST COMPANY, N.A.  
Address: 220 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MRGM ( ) Delete  
Name: KNIGHT TRUST  
Address: 220 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MERCANTIL COMMERCEBANK TRUST COMPANY, N.A.  
Address: 220 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

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: MERCANTIL COMMERCEBANK TRUST COMPANY, N.A. MGR 01/09/2009

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