FILED 2008 LIMITED PARTNERSHIP ANNUAL REPORT Apr 09, 2008 08:00 A Secretary of State **Due By May 1, 2008 DOCUMENT # A95000001345** LOEB FAMILY INVESTMENTS, LTD. Principal Place of Business Mailing Address 3301 PONCE DE LEON BLVD. #300 3301 PONCE DE LEON BLVD. #300 CORAL GABLES, FL .33134 . CORAL GABLES, FL 33134 03112008 No Chq-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0643793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LOEB, EDWARD DO NOT WRITE 3301 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33134 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION P95000064746 DOCUMENT A LOEB INVESTMENTS, INC. STREET ADDRESS 3301 PONCE DE LEON BLVD. #300 CHY-ST-ZIP CORAL GABLES, FL 33134

U00000889397 04/22/09-80053-015 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

DOCUMENT / NAME STREET ADDRESS CITY - ST- 7IP DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT ≢ NAME STREET AUDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

305 6686768