2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 18, 2007 8:00 am Secretary of State

DOCUMENT # L0100009419 1. Entity Name CIBE LINCOLN ROAD LLC					06-18-2007 9019		90197 012 ****5	0.00	
Principal Place 833 LINCOLN MIAMI BEACH	N ROAD	Mailing Address 833 LINCOLN RO MIAM! BEACH, FL							1007 SIII 1000
2. Principal P	lace of Business - No P.O. E	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			05302007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State	City & State			4. FEI Numbe 65-1124			oplied For of Applicable
Zip	Country	Zip	Cour	ntry			of Status Desired	\$5.00 Address Require	
	6. Name and Address of	of Current Registered Agent		1			Address of New Re		
JALIL, SEF	SCIO D			CÖRPO	RATI	ON COMPA	NY OF MIAM	II.	
833 LINCO		*:		2819et A	ddress (I	o. Box Numberscayne B	is Not Acceptable) e 1500 (RJS)
				City	Mia	 mi		FL Zip 33	^เ รา
8. The above	named entity submits this st	atement for the purpose of chang	ing its register	ed office or			n in the State of Flo		
		ORPORATION COMPA			register	o agom, or ook	i, we the state of the	Tan tanana wan	and accept
SIGNATURE	By: Signature, typed or printed name of re-	Tall ab	, V	ice Pr		ent when reinslaing)	6-6	8-07 DATE	
	ing Fee is \$50.00 by September 14, 200	07						e check payable to Department of Stat	se ,
	y September 14, 200	IG MEMBERS/MANAGERS	10.					Department of Stat	, ,
Due b	y September 14, 200				MGR		Florida ADDITIONS/	Department of Stat	Addition
9. TITLE NAME	MANAGIN MGRM JALIC, SERGIO DANIEI	IG MEMBERS/MANAGERS XXXX Delete	e TITI NAF	JE JE			Florida ADDITIONS/	Department of State	<u>'</u>
9. TITLE NAME STREET ADORESS	MANAGIN MGRM JALIC, SERGIO DANIEI 090+00LLING AVENU	IG MEMBERS/MANAGERS XXXXVelete C. #2306	e titi Nai Str	LE ME BEET ADDRESS	Per 833	ez, Juan Lincoln	ADDITIONS/ H. Road	CHANGES XXXChange	<u>'</u>
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGIN MGRM JALIC, SERGIO DANIEI	IG MEMBERS/MANAGERS XXXXIII C E, #2306 41	e titt Nai Str Cit	LE ME EET ADDRESS Y-ST-ZIP	Per 833	ez, Juan Lincoln	Florida ADDITIONS/	Department of State CHANGES XXXChange	☐ Addition
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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: SIGNATURE and typed on PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Juan H. Perez, Manager

786-553-8495

Daytime Phone #