FILED
Apr 25, 2005 08:00 A
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002720

1. Entity Name
MSB PROPERTIES LLC

Principal Place of Business	Mailing Address
10200 OLD CUTLER RD. MIAMI, FL 33156	10200 OLD CUTLER RD. MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04162005No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0542661

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL G
C/O MORRISON BROWN
1001 BRICKELL BAY DR, 9TH FLOOR
MIAMI, FL 33131

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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 reinstated)

Filing Fee is $50.00
Due by May 1, 2005

U00000330174
04/25/05-80144-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BETANCOURT, HECTOR
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	QUADROS, MARIO
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	P
NAME	BETANCOURT, HECTOR
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ST
NAME	QUADROS, MARIO
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	DILLON, JOHN
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: H.J. Betancourt HECTOR J. BETANCOURT 4/20/05 (305) 667-6059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #