

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90075 023 ****50.00

DOCUMENT # L02000002720

1. Entity Name
MSB PROPERTIES LLC



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

Mailing Address
10200 OLD CUTLER RD.
MIAMI, FL 33156

20024004



03242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BETANCOURT, HECTOR 10200 Old Cutler Rd.
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809 CORAL Gables, FL.
CITY-ST-ZIP	MIAMI, FL 33156 33156
TITLE	MGRM
NAME	QUADROS, MARIO 10200 Old Cutler Rd.
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809 CORAL Gables, FL.
CITY-ST-ZIP	MIAMI, FL 33156 33156
TITLE	P
NAME	BETANCOURT, HECTOR 10200 Old Cutler Rd.
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809 CORAL Gables, FL.
CITY-ST-ZIP	MIAMI, FL 33156 33156
TITLE	ST
NAME	QUADROS, MARIO EDUARDO SALAZAR
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809 10200 Old Cutler Rd.
CITY-ST-ZIP	MIAMI, FL 33156 CORAL Gables, FL. 33156
TITLE	MGRM
NAME	DILLON, JOHN 10200 Old Cutler Rd.
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156 CORAL Gables, 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 claim 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

HECTOR J. BETANCOURT 3/24/06 (305) 667-6059