2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002720

Entity Name: MSB PROPERTIES LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10200 OLD CUTLER RD. MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

10200 OLD CUTLER RD. 200 S. BISCAYNE BLVD. MIAMI, FL 33156 SUITE 3900

MIAMI, FL 33131

FEI Number: 02-0542661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FARRA, MIGUEL G
C/O MORRISON BROWN
1001 BRICKELL BAY DR, 9TH FLOOR
MIAMI, FL 33131 US
FERRER, JUAN C
200 S. BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

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: JUAN C. FERRER 04/27/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition BETANCOURT, HECTOR Name: SALAZAR, EDUARDO Name: 10200 OLD CUTLER RD Address: 10200 OLD CUTLER ROAD Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 QUADROS, MARIO
 Name:

 Address:
 10200 OLD CUTLER RD
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33156
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 BETANCOURT, HECTOR
 Name:

 Address:
 10200 OLD CUTLER RD
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33156
 City-St-Zip:

 $\label{eq:time_state} {\sf Title:} \qquad \qquad {\sf ST} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 SAIAZAR, EDUARDO
 Name:

 Address:
 102000LD CUTLER RD
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33156
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 DILLON, JOHN
 Name:

 Address:
 10200 OLD CUTLER RD
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33156
 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: EDUARDO SALAZAR MGRM 04/27/2009