## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000017071

NMB, FL 33179 US

City-St-Zip:

Entity Name: INMOBILIARIA, LLC

FILED Feb 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1 CENTURY LANE **APT 301** MIAMI BEACH, FL 33139 **New Mailing Address: Current Mailing Address:** 1 CENTURY LANE **APT 301** MIAMI BEACH, FL 33139 FEI Number: 36-4510278 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: DAVID FLINT 1 CENTURY LANE 301 MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete FLINT, BENNY Name: Name: 1 CENTURY LANE APT 301 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: EGOZI, MOISES Name: Address: 2045 N.E. 201 TERRACE Address: City-St-Zip: NMB, FL 33179 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SILBERMAN, FABIO Name: Name: 2045 N.E. 201 TERRACE Address: Address: City-St-Zip: NMB, FL 33179 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: GOMEZ, MANUEL Name: 1795 SW 3RD AVE Address: Address: City-St-Zip: MIAMI, FL 33129 US City-St-Zip: MGRM Title: ( ) Delete Title: () Change () Addition ZAINADOR, Name: Name: 2045 N.E. 201 TERRACE Address: Address:

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.

City-St-Zip:

SIGNATURE: BENNY FLINT MGRM 02/23/2009