

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019730

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: NORTH BAY ROAD INVESTMENTS, LLC

**Current Principal Place of Business:**

C/O EZEQUIEL A. CAMERINI, FOX HORAN & CAME  
825 THIRD AVE.  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EZEQUIEL A. CAMERINI, FOX HORAN & CAMER  
825 THIRD AVE  
NEW YORK, NY 10022

**New Mailing Address:**

FEI Number: 22-3887358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAW OFFICE OF CARLOS A. ROMERO, JR., PA  
3195 PONCE DE LEON BLVD STE 400  
CORAL GABLES, FL 33134 US

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

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:**

Title: MGR ( ) Delete  
Name: RIPOLL, NIDIA  
Address: C/O EZEQUIEL A. CAMERINI, FOX HORAN & CAME  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: POA ( ) Change (X) Addition  
Name: MEBARAK, SHAKIRA  
Address: C/O EZEQUIEL A. CAMERINI, FOX HORAN & CAME  
City-St-Zip: NEW YORK, NY 10022

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: SHAKIRA MEBARAK

POA

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date