

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023956

FILED  
Jul 17, 2008  
Secretary of State

Entity Name: ARLENJAYBAR EQUITIES, LLC

**Current Principal Place of Business:**

150 WEST FLAGLER STREET  
SUITE 2000  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

150 WEST FLAGLER STREET  
SUITE 2000  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 02-0697595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SOLOWSKY, JAY H ESQ.  
150 WEST FLAGLER STREET  
SUITE 2000  
MIAMI, FL 33130 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:**

Title: MGR ( ) Delete  
Name: SOLOWSKY, JAY H RA  
Address: 150 WEST FLAGLER STREET, STE. 2000  
City-St-Zip: MIAMI, FL 33130

Title: MGR ( ) Delete  
Name: SOLOWSKY, JAY H RA  
Address: 150 WEST FLAGLER STREET, STE. 2000  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JAY H. SOLOWSKY, ESQ.

MGR

07/17/2008

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