

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020941

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: CUBE INVESTMENTS, LLC

**Current Principal Place of Business:**

445 GRAND BAY DR PH2D  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

445 GRAND BAY DR PH2D  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-0883001      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:**

CUEVAS & ORTIZ, P.A.  
536 BILTMORE WAY  
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: MGRM ( ) Delete  
Name: LOPEZ, LUIS ENRIQUE  
Address: 411 NE 52 TERR  
City-St-Zip: MIAMI, FL 33137

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOPEZ, LUIS ENRIQUE  
Address: 445 GRAND BAY DR PH 2D  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Change (X) Addition  
Name: LOPEZ, ANDRES  
Address: 445 GRAND BAY DR PH 2D  
City-St-Zip: KEY BISCAYNE, FL 33149

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: ANDRES LOPEZ

MGR

07/15/2009

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