2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/6/2005-90046-020-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 02

DOCUMENT # L04000021011

1. Entity Name
CBEC LLC

Principal Place of Business	Mailing Address
C/O DONALD P. MOORE, ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131	C/O DONALD P. MOORE, ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131

08032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
13627 Deering Bay Drive		13627 Deering Bay Drive	
Suite, Apt. #, etc. #1003		Suite, Apt. #, etc. #1003	
City & State Coral Gables, FL		City & State Coral Gables FL	
Zip 33158	Country USA	Zip 33158	Country USA

4. FEI Number 20-2942482 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, DONALD P ESQ FOWLER WHITE BURNETT P.A. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131	Name Shawn Tolley CPA Street Address (P.O. Box Number is Not Acceptable) 9200 S Dadeland Blvd Suite #412 City Miami FL Zip Code 33156

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 8/3/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/D Arnaud Karsenti 13627 Deering Bay Drive #1003 Coral Gables FL 33158 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/D Arnaud Karsenti 13627 Deering Bay Drive #1003 Coral Gables, FL 33158 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 8/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #